FOR STATE

of-Health,

TO DEFUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessory execute the certificate. Sing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director 4 should be forwarded. The Chief Medical Examiner's Office along with form FM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. AISME BM 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05620 Reg. Dist. No.

I. PLACE OF DEATH	ohester	50	MARYLAND	2. USUAL RESIDENCE	(Where decear	sed lived. If institut b. COUNTY	and the same of th		
b. CITY OR TOWN (III ond give neores) fown] Federals	eutside corporate haits, write Burg - Rur	al	Instant	c. CITY OR TOWN (porote limits, write e = Rural		give neore	st lown)
	Davist Mil		ospital, give street address)	A. STREET ADDRESS	er Fine	hville			IS RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	Lesli		Middle Clay	Batson	4. DATE OF DEATH	Month	r	Doy 4	Year 19 58
s. sex Male	Negro	WIDOWI	ED DIVORCED	May 10, 191	LO	9. AGE (In years lest birthday) 47 yrs.			UNDER 24 HRS.
100. USUAL OCCUPATION during most of working Day Labo		done 10b.	KIND OF BUSINESS OR INDUST Timber Work	Dorcheste 14. MOTHER'S MAIDEN	or Co.,	Maryland		S.A.	HAT COUNTRY?
Henry (. Batson			Virgie 1	Nichols	5			
(Yes, no, or unknown) No	R IN U. S. ARMED FO (If yes, give wor ar dates of			s. Henry C.	Batson	Address Rhodeso	Bale,	Md.,	R.F.D.
PART I, DEATI	DUE TO	Int	racranial in	jury ure of sku	111				stant stant
PART II, OTHE	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	HINAL DISEAS	E CONDITION GIVE	EN IN PART	1(a) 19. W PE YES	ERFORMED?
PART II, OTHE	Y Month, Day, Yes	as d	PIVET OF AUTO- INJURY OCCURRED. (E. INJURY OCCURRED Le Not while ork of work 20 High	E OF INJURY (Home, for	ertur m. 20f. (Cily	ned	(Cour	(עור	(Stote)
	ot I took charge	of the	remains described above couses []. Accident [ve, held an Autop	sy 🔲, li	spection ,	Inquiry	, D.	ond in my
ACTUAL SIGNATURE	fern	2	ency	_M.D. CHIEF MEDICAL E	1	R 🗂		DA	TE SIGNED
EXAMINER'S NAME (Type)	r. John	Mace	Jr.	DEPUTY MEDICAL			58		
220. BURIAL, CREMATION REMOVAL (Specify) Burial	May 7,]		Cokesbury Cer		Near Near	Ton (City, lown of Federals	burg,	Mary	land
23. FUNERAL DIRECTOR'S		, Fed	eralsburg, Mary		AAY 1 2 1		TRAR'S SIGI		

RIVERS FOR THE SHIP WILLIAM TO SHIP WAS A SH The second secon

	A	5651	CERTIFICAT
E OF DEATH			2

Reg. Dist. No.

05621

o. COUNTY Dorchester		MARYLAND	2. USUAL RESIDENCE (WI			on: Residence be Dorche		sion)
b. CITY OR TOWN (If outside corporate li RURAL and give nearest town). LIDKWOOD	mits, write c. LENGTH 0	OF STAY IN 16	c. CITY OR TOWN (IF a	_	rote limits, write R	URAL and give	neorest lawr	1)
d. NAME OF HOSPITAL (If not in hospital OR INSTITUTION Rural	give street oddress)		d. STREET ADDRESS Rural		e. IS RESIDENCE ON A FARM? YES NO			
3. NAME OF DECEASED (Type or print) John	First C	Middle Olonna	Bell	4. DATE OF DEATH	May 20,		-	Year 19
5. SEX 6. COLOR OR RAC	MINKRIED C THEFER	MARRIED	B. DATE OF BIRTH March 19,187	5	9. AGE (In years loss by the doy) yrs.	Months Day		R 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of wor during most of working life, even if relir Chicken Farmer se	ed) a	INESS OR INDU	STRY 11. BIRTHPLACE (Stote Dorchest	-		12. CITIZEN	S.	COUNTRY
3. FATHER'S NAME John A. 1	Bell		14. MOTHER'S MAIDEN N		ison			
S, WAS DECEASED EVER IN U. S. ARMED F. [Yaz. no. or unknown) (If yes, give wor or dates of NO	DRCES? 16. SOCIAL SECUR		NFORMANT S.Nettie P.Be	11,Lir	Add akwood, Mo			
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (a), stating the under lying cause fast. Part II. OTHER SIGNIFICANT CO	(b) Funde	end of to DEATH BUT	Cy Shlor &	MAL DISEASI	de condition GIV	2_	1420	AUTOPSY
PART II. OTHER SIGNIFICANT CO	20b. DESCRIBE HOW IN	JURY OCCURRE	D. (Enter nature of injury in	Part I or Part	II of item 18.)			NO
20c. TIME OF INJURY Month, Day, 16 Hour o. m. 15	fear 20d. INJURY OCCURE	e for	ACE OF INJURY (Home, form ctory, street, office bldg., etc	20f. (City	or town)	(Count	(עי	(State)
21. I certify that I attended the alive on actual signature PHYSICIAN'S NAME (Type) 20. BURIAL, CREMATION, 22b. DATE THER MAY 23	19 55, and ANKS EOF 72c. NAME C	OF CEMETERY O	n crematory	ADDRESS (SI	the causes o	stote) CC / 2 or county)	late state	ed abov
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		240. REC'	D BY REGIST		TRAR'S SIGNAT	0	

irector, filed with

Page 4

ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

may be retained by the transitot ar attending physician.

TO FUNERAL DIRECTOR:

This certificate has been signed by the ottending physician and campletely filled in by the fund page 3 should be detached for use as the buriol-transit permit. Then please remave carbon papers. Pages 1 and 2 should be pagerar prior to burial, cremation, or remavol, and in any event within 72 hours offer death. TO HOSPITAL OR VS A15 (4)

ST APPRICATE OF THE STORY OF THE STATE OF TH HTATORO BY DRITHS - 43 P. . Markey tellightness water to M

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	cute the certificate, with the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Post should be	9	
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	<u> </u>			5531	LEXAMINE	- 77						15622
		LACE OF DEATH	rchester		MARYLA		o. STATE Marvla			COUNTY_	orehest	
	b		uttide corporate fimits, writ	RURAL	c. LENGTH OF STAY IN	1Ь	c. CITY OR TOWN (IS		ocrate limit	, write RU	RAL and give	nearest town)
		-	mbridge		entire life		13 Cambr	idge				
4.	d	NAME OF HOSPITA	L OR INSTITUTION (If not in hosp	sital, give street address)		d. STREET ADDRESS					e. IS RESIDENCE
00			6 Henry S	treet			/ 216 H	enry &	Strae	t,		YES NO
		NAME OF DECEASED	Fic	at the	Middle		Lost	4. DATE OF		Month	Day	
	-	Type or print)	Dani	1.1.11	Eugene	-1	Brannock	DEATH	May .	20,19		19
	5. 5	EX	6. COLOR OR RACE] 8. D.	ATE OF BIRTH		9. AGE (In lest birthd		UNDER TYEAR	Hours Min.
-		Male	White	WIDOWED			reh 28,1872		86	yrs.		
P	10a.	usual occupation	life, even if retired)	done 10b. K	IND OF BUSINESS OR IN	OUSTRY	11, BIRTHPLACE (Stole	or foreign o	ountry)		12. CITIZEN C	F WHAT COUNTR
4	-	Retired C:	ty Police				Cambridge				U	.5.
	13.	FATHER'S NAME				1.	4. MOTHER'S MAIDEN N					
			llis Brann				TO SERVICE	COSSID.			ickers	
			R IN U. S. ARMED FO		SOCIAL SECURITY NO.	7. INFC	THAMS			Address		
		No	No			Mrs	Reginald A	.Magu	re 2	L6 He	nry St.	Cambrid
			H [Enter only one car	-	or (a), (b), and (c).]				777			EVAL BETWEEN
		PART I. DEATH	WAS CAUSED BY:	Go	ronary occ	lus	ion				I	nstant
		4.20.1	DUE TO									
		Conditions, If an	y, which) (b)									
		gave rise to immedi (a), stating the un	ate couse									
		cause last.	(c)									
0	ICATION	PART II. OTHI	ER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH B	UT NOT	RELATED TO THE TERM	NALDISEAS	CONDITIO	ON GIVEN	IN PART I(o)	PERFORMED?
	CERTIFIC	20g. EXTERNAL CAUPRIMARY ☐ gr CON CAUSE OF DEATH.	SE WAS TRIBUTING 20	b. DESCRIBE	HOW INJURY OCCURRE	D. (Enle	r nature of injury in Par	l or Part II	of item 18,)		
	MEDICAL	20c. TIME OF INJUR	Month, Day, Yes	1		PLACE	OF INJURY (Home, form, street, affice bldg., etc.	20f. (City	or lawn)		(County)	(State)
	401	Hour a.m.		While	Not while	I WHITE I'V	, allows, dillow page, ole	1				
	ME	p. m.	19	at wa	rk ot work			1				
	ME	р. ක.				bave	, held an Autops	y 🔲, II	nspectia	n [x],	Inquiry [, and find th
	ME	21. 1 certify the		af the r	emains described		, held an Autops de [], Hamicide		nspectia ndetermi	40400		, and find th
	ME	21. 1 certify the death resulted	at I took charge	af the r	emains described	Suicio	de [], Hamicide	<u> </u>		40400		, and find th
h	ME	21, 1 certify the death resulted	at I took charge	af the r	emains described	Suicio	de 🔲, Hamicide	AMINER -	ndetermi	40400		
2	ME	21. 1 certify the death resulted	at I took charge from: Natural	causes 🗵	emains described	Suicio	de, Hamicide	AL EXAMINE	ndetermi	40400	use [].	
2		21. 1 certify the death resulted ACTUAL SIGNATURE EXAMINER'S DR NAME (Type) BURIAL, CREMATION	at I took charge from: Natural	causes X	emains described of Accident ,	Suicio	A.D. CHIEF MEDICAL ED ASSISTANT MEDICAL DEPUTY MEDICAL	AL EXAMINE	R 🗆	ned cau	use [].	
2		21. 1 certify the death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type)	at I took charge from: Natural	causes 2	emains described of Accident ,	Suicio	A.D. CHIEF MEDICAL ED ASSISTANT MEDIC DEPUTY MEDICAL EMATORY	AMINER AL EXAMINER EXAMINER 22d. LOCA	R C	/20/	use [].	DATE SIGNED
2	220	21. 1 certify the death resulted ACTUAL SIGNATURE EXAMINER'S DR NAME (Type) BURIAL, CREMATION	John No. 225. Date Thereco	causes 2	emains described of Accident , Accident , , , , , , , , , , , , , , , , , , ,	Suicio	A.D. CHIEF MEDICAL EN ASSISTANT MEDICAL DEPUTY MEDICAL EMATORY TOTAL	AMINER AL EXAMINER EXAMINER 22d. LOCA	R D D	1/20/tawn, or	use [].	DATE SIGNED (State)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) 15M 10/S7 1

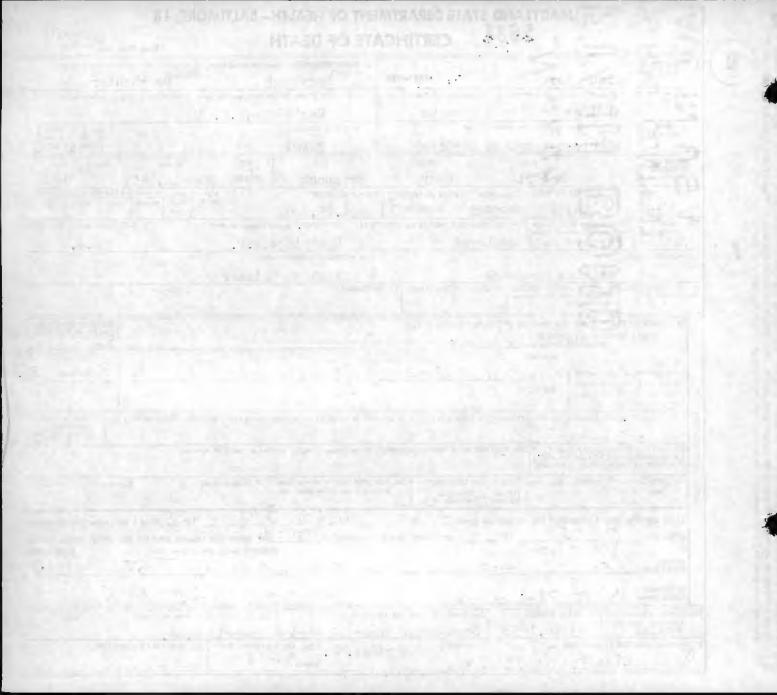
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RYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
5631 CERTIFICATE OF DEATH

Reg. Dist. 05623

						teg. Dist. Ni	b	- 17
o. COUNTY		MARYLAND	2. USUAL RESIDENCE (Wh	ere deceased lived	. If institution:	Residence bef	ore admis	sion)
Dorch			Marylan	d	b. COUNTY DO:	rcheste	r	
b. CITY OR TOWN (If outsing RURAL and give nearest)		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a	outside corporate li	mits, write RUR	At and give no	earest low	n)
Cambri	dge	2 weeks	X Cambri	dge, R.D.	1			
d. NAME OF HOSPITAL (IF OR INSTITUTION			d. STREET ADDRESS				e. IS RES	SIDENCE A FARM?
Cambr	idge-Marylan	d Mospital	Rural				YES E	NO [
NAME OF DECEASED	First	Middle	Last	4. DATE OF	Manth	D	lay	Year
(Type or print)	Robert	Henry	Brannock		May 14.	1958		19
. SEX 6. C	OLOR OR RACE 7. MARI	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AC		UNDER 1 YEA	-	
Male	White wow	ED DIVORCED	Sept.29,1862	las	95 yrs.	Aanths Days	Hours	Min.
o. USUAL OCCUPATION (Gi during most of working lif	ive kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Slate	or foreign country)		12. CITIZEN	OF WHAT	COUNT
Retired Farm	ers self emp	loved	Cambridge	e R D			U.S.	
. FATHER'S NAME			14. MOTHER'S MAIDEN N				0.00	
Will	liam Brannoc	k	Adeline	Skinner				
S. WAS DECEASED EVER IN U			INFORMANT	OKTHINET.	Address			
	give wor or dates of service)							
Canditians, if any, w gave rise to immed cause (a), stating the unlying cause last. PART II. OTHER SIG	bue to	CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMI	LOVE S ANAL DISEASE CON		IN PART 1(a)	19. WAS PERFO	AUTOPS)
PART II. OTHER SIG	DERLYING 20b. DES	CRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in f	Part 1 or Part II of	item 18.)		YES 🗀	NO Z
20c. TIME OF INJURY Mo Hour a. m. p. m.	While	NJURY OCCURRED 20v. Pl	LACE OF INJURY (Home, form actory, street, office bldg., etc.	20f. (City or to	wn)	(County)	(State
21. I certify that-	attended the deceas	ed from 472	1958 to	2/15	1955	hat I lost s	ow the	doceas
alive on 3/	157 10		occurred at 10;00	Me, from the				
XM	100	> and mor dean	. Courted attitization	ADDRESS (Street, o			n sign	ATÉ SIGI
ACTUAL SIGNATURE	TX.	OLI WA	" 101 /	000	55	57.	- 5	151
PHYSICIAN'S NAME (Type)	H. HAN	rks.	CAHE	3R/1	65	MA	7	12/3
Removat (Specify)	May 16,1958	22c. NAME OF CEMETERY Co Dorchester M		22d. LOCATION (county)	(Stat	e)
FUNERAL DIRECTOR'S SIGN	VAJEURE OD	4 DODECC	1 dan Ma 240. REC'I	D BY REGISTRAR	24b. REGISTR	AR'S SIGNATI	ĮRE .	
Derry 17h	R. Mumai	ALM!	Tage , MA	Y 1 6 '58	10001	- 1	/	



ATTENDING

TO HOSPITAL

TO FUNERAL DIRECTOR: page 3 should be detor

VS A1S (4) 15M 10/57

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05624

		0632	CERTIF	ICA	TE OF DEATH			Reg. D	ist. No.	300	, — v
1. PLACE OF DEATH DO DO	rchester		· MARYLA	UND	2. USUAL RESIDENCE (Who	and	d lived. If institution b. COUNTY				isian)
b. CITY OR TOWN (I RURA Cand give to	f outside carporate limi earest lown) GCO	ts, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (IF or Hurloc			RURAL and give near			rn)
d. NAME OF HOSPIT OR INSTITUTION. ambri	Al (If not in hospito), s dge—Maryla	nd Ho	oddress) ospital		/ d. STREET ADDRESS Near Will	iamsb	urg			ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Enos		Middle Clark		Cannon	4. DATE OF DEATH	Mon May	th	10	*	Year 1958
s. sex Male	6. COLOR OR RACE White	WIDOWE			otober 21,18		9. AGE (In years last birthday) 65 yrs.	IF UNDE Months	Doys	Hours	ER 24 HRS. Min.
during most of work	king life, even if retired		kind of Business or i	INDUST	PY 11. BIRTHPLACE (Stote of Dorchester				TIZEN O		COUNTRY
13. FATHER'S NAME Frank	H. Cannon			,	14. MOTHER'S MAIDEN N. Hester Bo						
15. WAS DECEASED EVE	R IN U. S. ARMED FOR If yes, give wor or dates of a		SOCIAL SECURITY NO. Unknown		om F. Cannon,	Hur]	ock, Mar				
	TH {Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	1	re for (0), (b), and (c).]								ETWEEN DEATH
Conditions, if or	, ,	C	lyrour	٥	Moplin	ti	7			12	000
couse (o), stating lying couse lost.	the under-	1_6	teppert	ti	seon				0	0-	2
3 XXZa	Hetes		melle	Tu	OT RELATED TO THE TERMIN			EN IN PAI	ET HOLL	PERFO YES	DRMED?
THE ETHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	TRIBE HOW INJURY OCC	URRED.	(Enter nature of injury in Po	art I or Par	1 II of item 18.}				
20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Doy, Yes	20d. IN While of work	_ Not while _	PLAC focto	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (Cit)	or town)		County)		(Stote)
21. I certify th	at I attended the	decease	ed from 57	9		5/10	19.55	Cthat I	last so	w the	decease

and that death occurred at 9:30P M, from the causes and on the date stated above.

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, REMOVAL (Specify) Burial

22b. DATE THEREOF May 13.1958 22c. NAME OF CEMETERY OR CREMATORY Hill Crest Cemetery 22d. LOCATION (City, town, or county)
Federalsburg, Maryland

(Stote)

Z. FUNERAL DIRECTOR'S SIGNATURE J.J. Framptom and Son, Federalsburg, Maryland

24a. REC'D BY REGISTRAR DATE MAY 1 5 '58 246 REGISTRAR'S SIGNATURE

ON ENGINEERING ON THE CHARLES OF THE STATES TADRITATE SALA mark and the second sec

Wicomico Memorial Park

SALISBURY MARYLAND DATE JUN 3

ADDRESS

Jane

23. FUNERAL DIRECTOR'S SIGNATURE

HOILDWAY & COMPANY

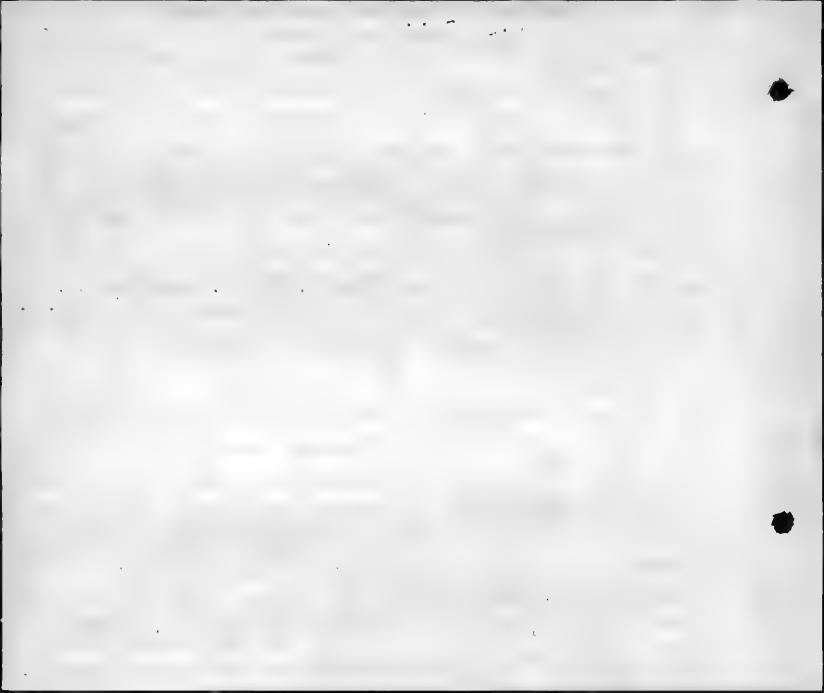
Salisbury,

240. REC'D BY REGISTRAR

Maryland

24b, REGISTRAR'S SIGNATURE

FUNERAL ■6od 0 15M 9/5S



Josephan Last

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UTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please	ing the word "pending" in pencil in New, 18. Give Pages 1, 2, and 3 to the Funeral director ages	old be forwards. The Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your	ERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, T. W.	prior to burial, cremation, or removal, and in any event within 72 hours after death.
AEDICAL EX	certificate.	farwarde	DIRECTOR	nated agent
JTY N	e the	ild be	ERAL	design

COD CTATE
FOR STATE
HEALTH DEDT
HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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1	PLACE OF DEATH			7002	armon' von Compre	1	USUAL RESIDEN	ICE (W	here deceas	ed lived If i	nstitution 1	tesidence b	efore odm ssi	on)
		chester	Go.		MARYLAND		a STATE	Md		₽ CO		arches	ster C	0-
1	b CITY OR TOWN (It of one give negres) town)			c. LE	NGTH OF STAY IN 16		c CITY OR TOW			orote I mits, s				
/	Horns Poi	nt			-	1	/ 2 Cambr	ide	e Md.					
	d. NAME OF HOSP TA	L OR INSTITU	TION (If not	in hospital, g	give street oddress)	-11-	d STREET ADDR	ESS					e IS RES	
I	Horns Point	Road	Auto	Accide	ent		400 Aca	dem	y St.				YES T	
3.	NAME OF DECEASED		First		Middle		7937 Last		4 DATE	A	Aonth	Doj	y Yeo	r
	(Type or print)		Peter		A.	Đ	alymple		DEATH	Ma	ay .	2	1, 19	58
5.	SEX	& COLOR OR	RACE 7. N	ARRIED K	NEVER MARRIED	8. D	ATE OF BIRTH			9 AGE (In yet lost birthday)		DER TYEAR	-	-
-	Male	White		OWED 🔲	DIVORCED 🔲		/8/1904			53	yrs. Mont	tha Doys	Hours A	Win
10	o USUAL OCCUPATIO	N (Give kind o	f work done	106, KIND C	OF BUSINESS OR INDU	STRY	11 BIRTHPLACE ((Stote o	or foreign co	ountry)	12.	CITIZEN C	OF WHAT CO	OUNTRY?
	Laborer			Gener	ral Work		Fort Sco	ott	Kans	sas		USA		
1	FATHER'S NAME	777				T	MOTHER'S MAIL	DEN N	AME	2477				
L		Dalymp					Li.	11i	an Dal	Lymple				
1	5. WAS DECEASED EVE	R IN U.S. ARA	AED FORCES?	T6 SOCIA	L SECURITY NO 17.	INFO	PRMANT	3475		Add	iress			0.41
Ĺ	No				14-4201 Pe	ete	r A. Dal	Comp.	le	Bailey	Road	1 Cam	bridge	Md.
	18. CAUSE OF DEAT			rine for (o),	, (b), and (c)]							INT	ERVAL BETWEEN	i i
		H WAS CAUSE IMMEDIATE CA		Intra	crorial.	in	inra.						Insta	
	82.4x	D	UE TO				U							
4	Cenditions, if on	y, which)	(b)	Fract	ure of si	ku	11							
	gave rise to immedi (a), stating the u		UE TO											
	cours fort.	,,,,,,	(c)											
18	PART II. OTH	ER SIGNIFICAN	IT CONDITION	NS CONTR B	LTING TO DEATH BUT	NO1	RELATED TO THE	TERMI	NAL DISEASE	CONDITION	GIVEN IN	PART I(o)	19. WAS AU	TOPSY
15														NO [2]
CEDVICE ATTOR	200 EXTERNAL CAU PRIMARY-☐ or CON CAUSE OF DEATH.	SE WAS	206 DE	SCRIBE HOW	INJURY OCCURRED	(Ente	r noture of in ury s	in Port	Lor Part II	of item 18)				
- 1		IIKISOTII40 LJ	./8	s thr	own from	C:	m while	e c	irivi	n. on	nt.	3113		
ي ا	20c. TIME OF INJUR	Y Month, E		20d INJURY	OCCURRED 20e PL	ACE	OF INJURY (Home,	form,	20f. (City			(County)		(State)
MEDICAL	Hour -grave	1 3y 2	1,53	While at work .	1301 701 18		street, office bldg	i, eic i	Ir.	Canb	rid.	en j	or.	d.
		at I taok c	harge af	he rema	ins described ab	_		tapsy	l, Ir	spection	C. Inc	quiry [in my
\perp					s . Accident	_			lomicide	~		ed mann	ner 🗍	,
	1				_									
	ACTUAL SIGNATURE	Xue	-	re	-ccX	A	LD. CHIEF MEDIC	CAL EX	AMINER 🗌				DATE SIG	NFD
.							ASSISTANT M	AEDICA	L EXAMINE					
	EXAMINER'S DE	7. 701	nillas	e Jr.			DEPUTY MEDI	ICAL E	XAMINER E	ı [100/	<u> </u>		
2	20. BURIAL CREMATION	N 226 DATE	THEREOF	22c N	NAME OF CEMETERY O	R CR	EMATORY		22d LOCAT	ION (City, to	wn, or cour	nty)	(Stole)	
	Burial	5/24/	58	Gr	reenlawn_Ce	me	tery		Cambi	ridge		Md.	7	
-1-	3 FUNERAL DIRECTORS			-	ADDRESS		240.		BY REGIST		REGISTRAR	S SIGNATE	RE	
]	LeCompte Fu	neral S	Service	Caml	bridge, Md.		DAT	TE MA	Y 26 'S	58	N-1-R	line 8		



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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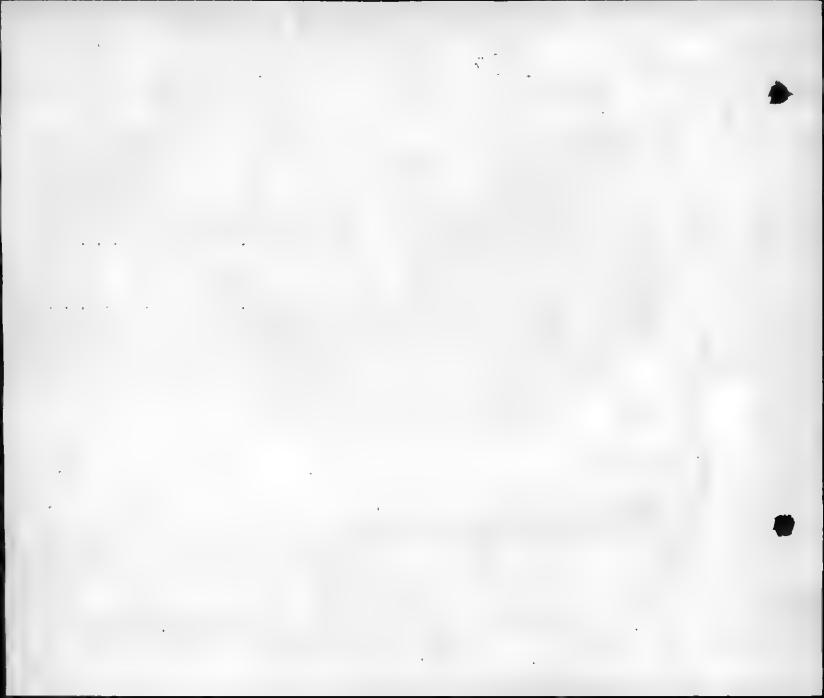
ctor rour of Health,

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 -MEDICAL EXAMINER'S CERTIFICATE OF DEATH

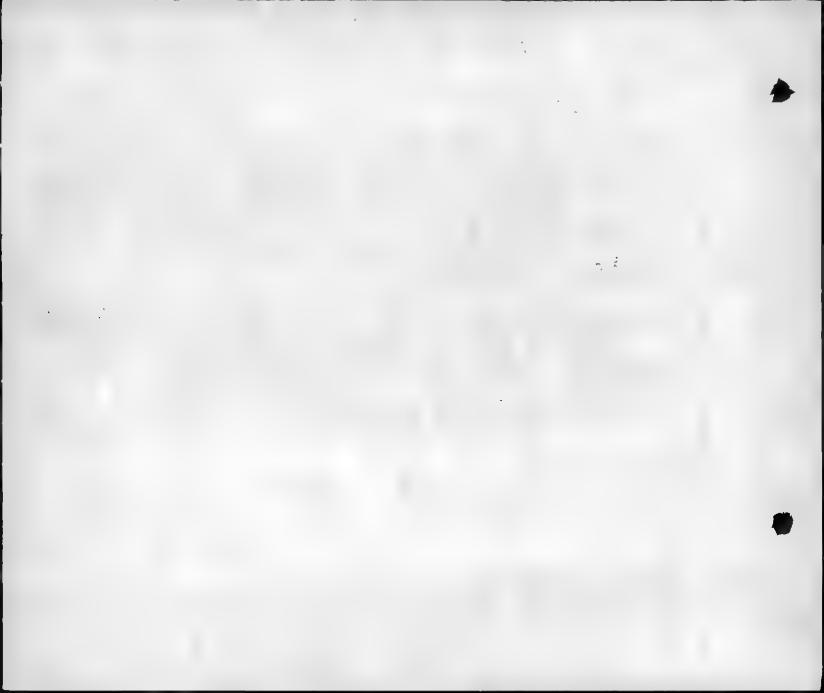
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		E.	55		- GERTINGA			Reg. Dist.	No.
1,	PLACE OF DEATH	orchester))))	MARYLAND	2. USUAL RESIDENCE (o. STATE Ma	Where deceased ryland	lived. If institu		hester
1		outs de corporate limits write title 1e - Rural	Lif	H OF STAY IN 16 O	CITY OR TOWN (if outside corpor desdale			e nearest (awn)
· ·		le-Vienna Ro		treet oddress)	d STREET ADDRESS	FD			ON A FARM?
	NAME OF DECEASED (Type or print)	First Emerso		Middle	Denn i s	4. DATE OF DEATH	May	15 D	oy Year 1958
5. 1	sex Male	6 COLOR OR RACE 7. Negro wi		ER MARRIED 🔣 B	January 12,	1	AGE (In years lost birthday) 9 yrs.	Months Days	AR IF UNDER 24 HRS Hours Min.
		N (Give kind of work done g life, even if relired)	Public		Dorcheste		, ,		of what country?
	Mark D				Verna Ma		en		
	NAS DECEASED EVE	R IN U. S. ARMED FORCE: Jif yee, give war or dates of service			erna Mae Smu	llen, Ri	Address		
	PART I, DEAT	iote couse	Intra	cranial	injury ire of sku	11		0	The tant Instant
CATION									
CAL CERTIFI	20s. EXTERNAL CAL PRIMARY LJ or CON CAUSE OF DEATH. 20s. TIME OF INJUR	, as		by carr	on Rt. 33 CE OF INJURY (Home, for	31, whi	le cro	esin (County)	road.
MEDI	8 A. Ja. m	8/15 1050	While Not of work Of work	while toch	ory, street, office bldg., et		es la Le	, or.	. d.
	,	at I taak charge of resulted fram: Nat						, , ,	-
	ACTUAL SIGNATURE	Jalan	men	- c /	M.D. CHIEF MEDICAL I	EXAMINER 🔲			DATE SIGNED
	EXAMINER'S NAME (Type)	r. John Mac	~		ASSISTANT MEDICAL		_	7/53	
220	BURIAL CREMAT O REMOVAL (Specify) Burial	May 19, 19		of CEMETERY OR	Cemetery	Near Near	Vienna,	or county) , Maryla	ind (State)
23 J	.J.Frampto	s signature m and Son, F	ederalsbu	rg, Mary	and PATE	MAY 21	-0 ()	STRAK'S SIGNA ティーエピルー	1

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary please execute the certificate fing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director age 4 should be forwarded. The Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a bunial-transit permit. File pages 1 and 2 with the State 8 and of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS ATSME 5M 2/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY: MARYLAND b. CITY OR TOWN (If outside corporate limits, write CHLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) pinods d. NAME OF HOSPITAL (If not in hospita), give street address) d. STREET ADDRESS e IS RESIDENCI OR INSTITUTION ON A FARM? YES NO 7 NAME OF Middle 4. DATE Day Year DECEASED OF DEATH (Type or print) 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost birthdoy) Months WIDOWED | DIVORCED [100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address au celes C A / 127 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate **DUE TO** coese (a), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPSY PERFORMED? YES NO 17 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (Stote) factory, street, office bldg., etc.] While Not while of work 19 that I last saw the deceased 21. I certify that I attended the deceased fram. and that death accurred at M, fram the causes and an the date stated above. ADDRESS (Street, city or Jown, stote) DATE SIGNED ACTUAL SIGNATURE NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22C NAME OF CEMETERY OR CREMATORY 22d/TOCATION (City, town, or county) (Stote) RIMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE kermon



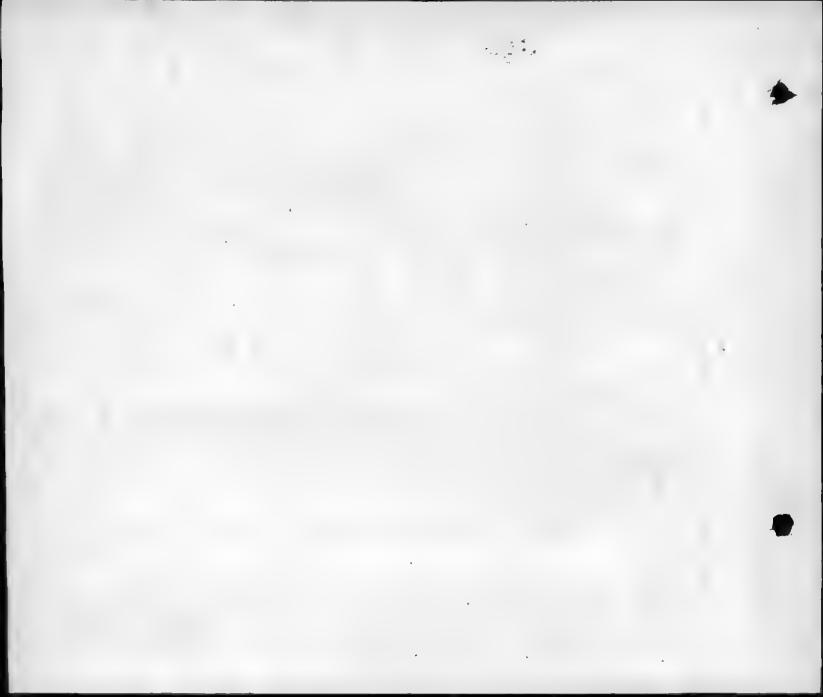
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EYAMINED'S CEDTIEICATE OF DEATH

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			563		- IC J	CERTIFICA	TIL OI	DEAIL	Reg. Dist. N	o
	CE OF DEATH	orchester	000	MARY	- 11	O STATE MEL	(Where decease Yland		Dorches	
b C	TY OR TOWN	thous de corporate limits, w	Pir RURAs	DOA	N 1b	C CITY OR TOWN	(If outside corp.	orate limits, write	RURAL and give	nearest lown)
d N		rac or institution oridge—Mary		ospital, give street oddress Hospital)	d STREET ADDRESS				e IS RES DENT ON A FARM
DEC	ME OF EASED We or print)	Will	is: iem	Middle	D	atton	4. DATE OF DEATH	May	Doy 2	Year 19 58
5. 5EX Mg	ile	Negro	WIDOW		J 0,	ctober 15,1	L900	9 AGE (In years logs built-day) yrs	Maniha Days	Hours Min
10a. US durir	Unemple	ION (Give kind of war ing life, even if retired OVEC	done 10b.	KIND OF BUSINESS OR I	NDUSTRY	East New	Market	Marylar		A.
13. FA	THER'S NAME John I	outton			1	Adeline (
15. W/	AS DECEASED E	VER IN U. S. ARMED F		S SOCIAL SECURITY NO. None		ormant orence H. N	folock,	Hurlock	Maryla	nd
C- ge (a	onditions, if over rise to immore, storing the suse lost.	underlying DUE To	b)	CONTRIBUTING TO DEATH			M NAL DISEASE	CONDITION GIV		PERFORMED?
등	B. EXTERNAL COMMARY OF COLUSE OF DEATH	ONTRIBUTING 🔲 🔠	20b. DESCR	IBE HOW INJURY OCCUR	RED (Ent	er nature of injury in P	ort Lor Part II o	of item 18.)		YES NO [2
MEDICAL	c. TIME OF INS Hour a. m p. m	h.	Wi		e PLACE factory	OF INJURY (Home, for, street, office bldg., e	rm, 20f. (City	er lown)	(County)	(State)
O;		resulted from	Naturol	couses [], Accid	ent [, Suicide ,	Homicide EXAMINER	2-101	Inquiry rmined monn	and the same of th
	KAMINER'S AME (Type)			Jr.		DEPUTY MEDICA		1-ul	6/58	
R	MOVAL (Specif Burial	May 5,	1958	East New M	arke	t Cemetery	East	New Mark	cet, Mary	~~
23. FUI	NEKAL DIRECTO	otom and Sol	n. Fed	deralsburg. N	[ary]	and 240. RE	C'D BY REGISTI	RAR 246 REGIS	STRAR'S SIGNATU	JRE

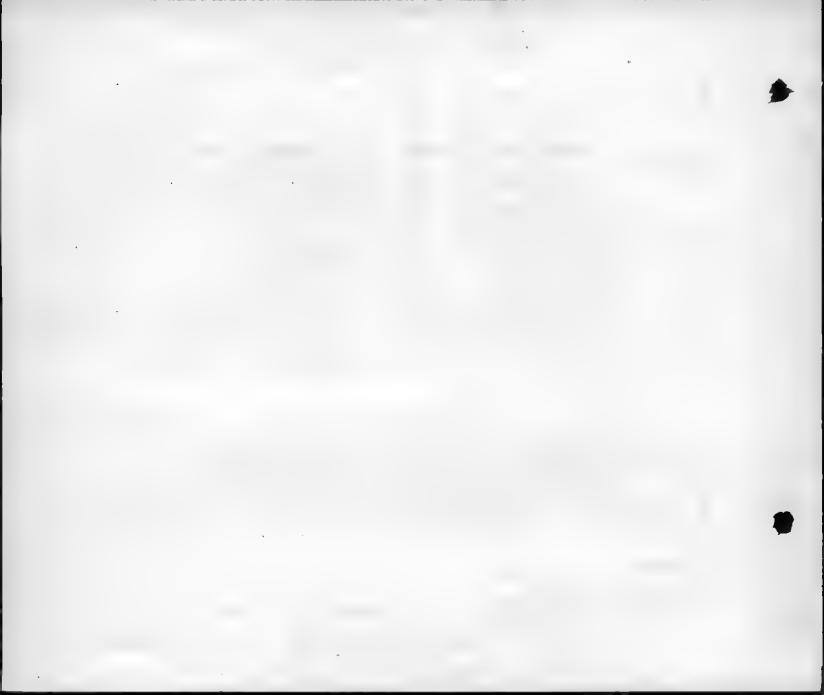


TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. may be retained by the the field ar attending physician. TO FUNERAL DIRECTOR: This certificate has been signed by the attending physician and campletely filled in by the fune of spage 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be registrar priar to burial, cremation, ar removal, and in any event within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

KCOC CERTIFICATE OF DEATH 05632

1000	o centilities	TE OF BEATH		Reg. Dist. No.						
PLACE OF DEATH G. COUNTY		2. USUAL RESIDENCE (Who o. STATE		Iulian Residence before admission)						
Dorchester	MARYLAND	Marylar	b. COUN	Dorchester						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give_nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or	otside corporate limits, write	e RURAL and give nearest town)						
Cambridge	entire life	/ Cambrid	ge							
d NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION		d. STREET ADDRESS		e IS RESIDENC ON A FARA						
Cambridge-Maryl	and Mospital	/ 811 Mar	yland Ave.	YES NO						
D. NAME OF First DECEASED	Middle	Last	4. DATE N	Nonth Day Year						
(Type or print) Guy	Carroll	Edgar, Sr.	DEATH May 8	3,1958 19						
3.0 0		B. DATE OF BIRTH	9 AGE (In year last birthday	IF UNDER 1 YEAR IF UNDER 24 1 Manths Days Hours Mr						
Male White woow		Jan.26,1898	60 y	rs						
00. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Fur Buyer self emi	_			12. CITIZEN OF WHAT COUR						
2. FATHER'S NAME	ployed	Cambridg		U.S.						
		14 MOTHER'S MAIDEN N								
William S. Edga: s. was deceased ever in u. s. armed forces? [16.		Mary F. R								
Yes, no. or unknown) [If yes, give war or dates of service)		FORMANT		ddress						
		S. Mazel T. Hog	ar, 811 Maryl	and Ave., Cambridge						
18 CAUSE OF DEATH [Enter only one cause per]	ine far (a), (b), and (c).]	cot	1/	INTERVAL BETWEE						
PART I DEATH WAS CAUSED BY: Colorony Chilly / Nowboris 4 Rays										
4 × 0 • / DUE TO	1			1						
Conditions, if any, which } (b)	Huser tou A-	ine Band	1 1	1~/						
gove rise to immediate (110	<u> </u>	1700							
tying cause last.	00		2000							
	CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION (GIVEN IN PART 1(a) 19 WAS AUTOP						
PART II OTHER SIGNIFICANT CONDITIONS OF THE PART II OTHER SIGNIFIC				PERFORMED' YES NO						
20a. ACCIDENT WAS UNDERLYING [] 20b. DES	CRIBE HOW INJURY OCCURRED	(Enter nature of injury in Pi	ort I ar Part () of item 18.)	100 100						
200. ACCIDENT WAS UNDERLYING (1) 20b. DES OR CONTRIBUTING (1) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			·							
	NJURY OCCURRED 20e. PLA	CE OF INJURY (Hame, form,	20f. (City or lown)	(County) (Sto						
20c. TIME OF INJURY Month, Day, Year 20d. I Hour o. m. 19 While of wor	Not white foct	ory, street, office bldg , etc.)		(0000)) (50						
ξ p.m., '' at wor	THE PERSON OF TH									
07 1 20 1 1 1 1 1 1 1	5//	-18:	575	(- (7)						
21. I certify that attended the deceas		19-13 10 -	75 , 19.	Sthat I last saw the dece						
21. I certify that I attended the deceasalive on		19-8; to	M, from the causes	and an the date stated ab						
olive on 5/8 19.5			M, from the causes	and an the date stated ab						
5/07			M, from the causes	and an the date stated ab						
alive on 5/8, 19.			M, from the causes	and an the date stated ab						
olive on 5 8 , 19 S ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)		0 109 L	PM, from the causes DDRESS (Street, city or tow OCUST	and an the date stated ab						
Olive on 5 9 19 20 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) W. H. H.A.	and that death Section M CS 22c. NAME OF CEMETERY OR	D. JOG-L CAM	DORESS (Street, city or tow OCUST BRIDGE 22d LOCATION (City, town	and an the date stated about stated about state) DATE SIGN TO THE STATE SIGN TO THE ST						
ofive on 5 8 19.2 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 20. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	Sicks M	CREMATORY CT Cometery	B.R. (1)60 20 LOCATION (City, town East. New Me	and an the date stated about stated about state) DATE SIGN TO THE STATE SIGN TO THE ST						



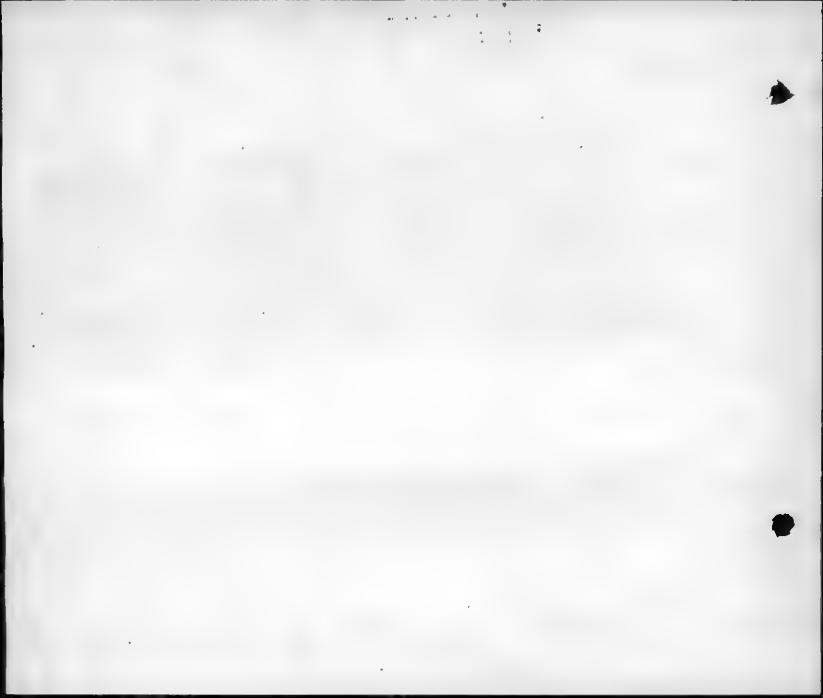
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HEALTH D	EPT.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	Dist.	0	5	6	3	3	
Rea.	Dist.	No.		0			

				ECE	£					
•	1. PLACE OF DEATH			U	2. USUAL RESIDENCE	(Where deceased li		on-Residence be	fore odmission)	
			prche ster		MARYLAND	o. STATE Tary	rland	b. COUNTY	Jorest.	+022
	Ь	. CITY OR TOWN pt a	outside corporale iimits, write	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)				
	Vienna, Md.				X Vier	nna, Md.				
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)					d. STREET ADDRESS				e. IS RESIDENCE
1		Market	St.			Market	st.			YES NO.
	3. l	NAME OF	Fir	ıł .	Middle	Losi	4. DATE	Month	Doy	Year
		DECEASED Type or print)	Chanle	S	811	inchaus	DEATH	[av	7	19 57
_	5, 5	EX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED B	DATE OF BIRTH			IF UNDER TYEAR	IF UNDER 24 HRS
		Lale	White	WIDOWE	D DIVORCED	Aug. 20, 1	Lº 66 "	92 yrs	Months Days	Hours Min.
	100.	USUAL OCCUPATIO	N (Give kind of work	done 10b. I	CIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (SIG	te or foreign count		12. CITIZEN O	F WHAT COUNTRY?
	d	uring most of working	ife, even if retired)		Clothir,	Panenbu	urg, Ger	nany	TSA.	
	13.	FATHER'S NAME	7 + 7 -			14. MOTHER'S MAIDEN		- U		The State of the S
		Theador	e Elling	haus		Arm A	P.hl			
	15.	WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT		Address		
	Tes,	, no, or unknewn)	(If yes, give wor or dates of	service)	1 - 1	fe. ulna	٨ . ١٠,٦٦1	า กำลนเ	d Tienn	9 * 3
			DUE TO y. which iate cause DUE TO	Cere					INTE	TAND DEATH
		cause last.	(c)							
1	CERTIFICATION				DNTRIBUTING TO DEATH BUT I					9. WAS AUTOPSY PERFORMED? YES NO 1
		200. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH.	SE WAS	b DESCRIB	E HOW INJURY OCCURRED (I	inter nature of injury in P	art I or Part 11 of it	em 18.}		
	MEDICAL	20c. TIME OF INJUR Hour e. m. p. m.	Y Month, Doy, Yes	White		CE OF INJURY (Home, fo ory, street, affice bldg., w	rm, 20f. (City or I	ewn)	(County)	(Stole)
		21. I certify th	ot I took charge	of the	remains described abo	ve, held on Autop	osy 🔲, Inspi	ection 🕝 ,	Inquiry 🔲	, and in my
		opinion death	resulted from: 1	Votural -	couses 🖫 . Accident], Suicide [],	Homicide [, Undeter	mined manne	er 🔲
r		ACTUAL SIGNATURE	Lower	22	2	_ M D. CHIEF MEDICAL	EXAMINER []	1		DATE SIGNED
-		EXAMINER'S NAME (Type)	. Jonn W	2 C A .	Tr.	DEPUTY MEDICA	I. EXAMINER 🖟	5/8	3/58	
	220		22b. DATE THEREC		Parsons Cem	CREMATORY	22d LOCATION			(Stole)
	23.	FUNERAL DIRECTOR!	S SIGNATURE		ADDRESS		Salig		TRAR'S SIGNATU	RE .
		ollowry	ard Co.	Sa.	lisbury. d.		MAY 1 2 158	10		-

TO DEPUTY MEDICAL ENATINER: This certificate should be executed within III hours after death. If any delay is necessary execute the certificate ing the word "pending" in pendit in Item, 18. Give Pages 1, 2, and 3 to the funcial director 4 should be forwarded. The Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of or its designated agent, prior to burial, crematian, or removal, and in any event within 72 hours often death. VII A15ME 5M 2 '57



Hickory M. Mars Ji

(15635) Ren. Dist. No.

<u>-</u>										wells mi	11, 140.	
1.	PLACE OF DEATH o. COUNTY	Dorchester		MARYL		2. USUAL RESI O. STATE Ma	DENCE (Wh	ero decease	d lived. If institu b. COUNT	tion: Resident	ce before o	dmission)
Г	b. CITY OR TOWN	(If outside carporate lim	ts, write	c. LENGTH OF STAY IN	V 15	c. CITY OR	TOWN (If o	utside corpo	prote limits, write	RURAL ond s	ive nearest	lown)
	RURAL and give	Cambridge		50 years			ambrid					
Г		TAL (If not in hospital, a	rive street			d. STREET A		0			e. 15	RESIDENCE
		ambridge-Ma	rvlat	d Mospital		/ 1	18 Loc	cust 8	5t.			N A FARM?
3.	NAME OF	Fi		Middle		Los		4. DATE		onth	Dov	Yeor
L	DECEASED (Type or print)	Alfred		illiam Gusta		Ko		0.0	May 5,		ody	19
5.	SEX	6 COLOR OR RACE	7. MARR	IED NEVER MARRIED	_	DATE OF BIRT			9 AGE (In years lost pirthday)			JNDER 24 HRS
	_Ma le	White	WIDOWE	the state of the s		March 3			66 уп		Ubys Ho	ours Min.
10	during most of wo	ON (Give kind of work rking life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPL	ACE (State	ar foreign e	country)	12. CIT		HAT COUNTRY
	Banker	,,	'			Minn	esota	Lake	Minn.		1	J.S.
13	FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME				
		Villiam F.	Hoge			Eliz	a Fisc	cher				
15	WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17 INI	ORMANT			Ad	dress		
(1	es, no, or unknown]	World Kar		14-07-7956	Mr	s.Alfre	d W.G.	. Noge	,118 Loc	ist Et	. , Cam	bridge,
		ATH [Enter only one co	use per lir	e far (a), (b), and (c).}					-		INTERVA	L BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Uremia											WOOK
	131X	DUE TO									1	AUDI
	Conditions, if any, which Carcinomatosis										١ .	
gave rise to immediate										years		
	couse [o], stoting the under- Due to lying cause lost. (c) Carcinoma of stomach (inoperable)									4	years	
Z												
CAT									PI	ERFORMED?		
CERTIF	UF EITHER, NOTIF	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	RIBE HOW INJURY OCC	CURRED	(Enter nature o	f injury in P	ort I or Par	1 If of item 18.)			
MEDICAL	20c. TIME OF INJU		or 20d. IN	JURY OCCURRED 2	Oe. PLAC	E OF INJURY	Home, form,	20f (City	y or town)	Į¢.	ounty)	(Slole)
MED	Hour o.m.	H 19	While of work	Not while	focio	ory, street, office	bldg., etc.)			-	
_		hat I attended the		ed from 2-1-5	55	, 19	. In	5-5-	58 19	that []	ast saw	the decease
	alive on	5-5-58	. 19	, and that d					m the causes			
	,	200				recorred de			treet, city or town		ie udie s	DATE SIGNED
	ACTUAL SIGNATURE	Paridas	Hel	Voll		. 15 Lo			t, Cambr		MA (5-7-58
	SIGNATURE	1		TIM		.D <u>10</u>	Cubo	01.00	o 1 Tourist	rake.	mu.	0-1-06
	NAME (Type)	Eldridge	H. We	olff. M.D.								
22	9 BURIAL, CREMATIO	ON. 22b. DATE THEREC		22c NAME OF CEMET	ERY OR	CREMATORY		27d LOCA	TION (City, town,	or county)		(Slote)
	REMOVAL (Specify	May 7.1	958	Cambridge	Cer	atarv		Camb	ridge.Md			
23	FUNERAL DIRECTOR	SIGNATURE O		ADDRESS	- VUII			8Y REGIS	TRAR 246 REG	ISTRAR'S SIG	NATURE	
)	Gruitt	le F. Hu	ruan	0	* **	262	DATE M		'58 ()	In ac.	- //	

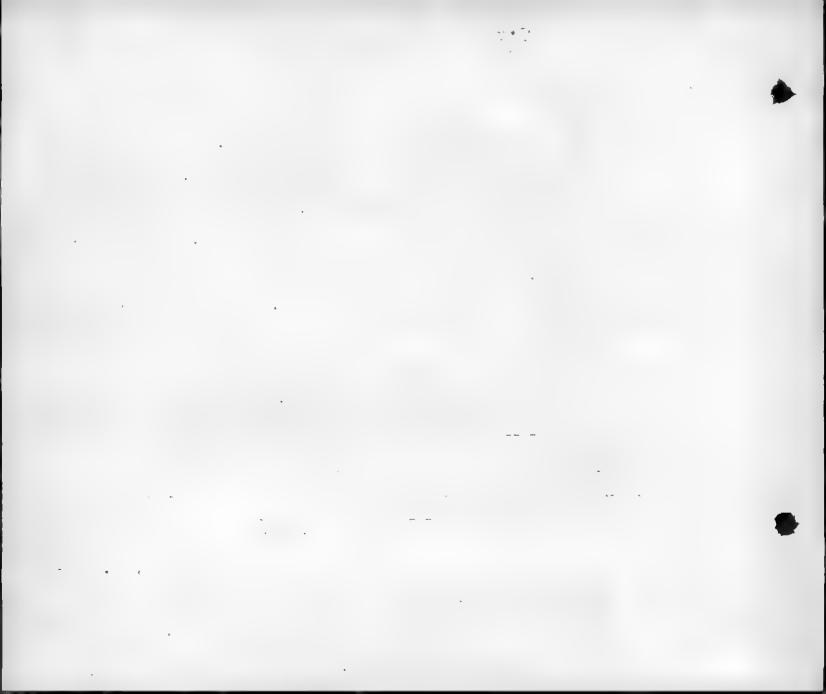
In INTSICIAN: The law requires that the death certificate be executed within 24 haurs after death. may be retained by the sind or attending physician.

**TO FUNERAL DIRECTOR: this certificate has been signed by the attending physician and campletely filled in by the funt page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death. TO HOIPITAL OR ATTEMD VS A15 (4) 1SM 10/57

Fage 4.

Carlo Carlo

61



			MARY	LAND	STATE DE	PARTM	ENT OF HEALTH	I-BAL	TIMORE, 1	8		
	,		5	639	CE	RTIFIC	ATE OF DEATH	1		Reg. Di	n (No. C	36
	1 PLACE o. CO		Oorchester	Co.		MARYLAND	2. USUAL RESIDENCE (WI	here decease	ed lived. If institution b. COUNTY	oni Residen		mission)
	RUI	RAL and give ne		ts, write	c. LENGTH OF		c. CITY OR TOWN (IF		orate limits, write R	URAL and s	give nearest t	own)
	d. N/	nbridge ME OF HOSPIT INSTITUTION	Mde AL (If not in hospital, g	ive street	address)	ks	d. STREET ADDRESS	Md.			e. IS	RESIDENCE N A FARM?
			Md. qHospita	1			105 Willis	St.				□ NO 🔯
	3. NAMI DECE/ (Type	E OF ASED or print)	fic Maggie	-	Ada	iddle MS	Horner	4. DATE OF DEATH	May May	th	00y 30.	Yeor 19 58
	s. sex Fem	عاد	6. COLOR OR RACE	7. MARI	RIEDO NEVER M	ARRIED	8. DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER Manths	Days Hou	
	10g USU	AL OCCUPATIO	T T T T T T T T T T T T T T T T T T T	done 10b.	KIND OF BUSIN	ESS OR INDU	STRY 11. BIRTHPLACE (Stole	ar foreign o		12 CIT	IZEN OF WH	IAT COUNTRY
		ONE ER'S NAME			None		Barren Is		•	U	SA	
		William	n T. Adams				Marga	ret Si	mith			
		r unknown) 1	R IN U. S. ARMED FOR It yes, give wer or dates of t		SOCIAL SECURIT		NFORMANT George Horn	er	Cambridg			
	18.	CAUSE OF DEA PART I. DEA	TH [Enter only one co TH WAS CAUSED 8Y: IMMEDIATE CAUSE (c	/ ·			y Dico	cup	enos?	ton	INTERVAL	SETWEEN ND DEATH
	Co	Canditions, if ony, which gove rise to immediate (b) Televise Level Bilat.										
	cot lyir	se (o), stating og cause lost.		- (Dd 1	ulu	course 1	ule	realo	24-2		
	CERTIFICATION (1) E	PART II. OTH	IER SIGNIFICANT CON	DITIONS	CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEAS	SE CONDITION GIV	'EN IN PAR'	T 1(o) 19. W/ PEI YES	RFORMED?
		CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJU	IRY OCCURRE	D. (Enter noture of injury in	Part 1 or Po	rt () of item 18.)			
	WEDICAL 20c.	TIME OF INJUR Haur a.m. p.m.	Y Month, Day, Ye	or 20d. I While of war		20e. Pl	ACE OF INJURY (Home, farm ctory, street, office bldg., etc	20f. (Cit	y or tawn)	((County)	(State)
!		I certify th	at I attended the $J/30$	deceas		/O	1957, ta 1 occurred at 2-245/	/50 4 M. fro				ne decease
	ACT SIGN	UAL NATURE	11-75		iks		M.D. 104		Street, city or town		6	PATE SIGNED
		SICIAN'S AE (Type)	N. Hitty	1-2	'/ <s< td=""><td></td><td>CAM</td><td>BR</td><td>1060</td><td>- /</td><td>1 d</td><td>_ ·</td></s<>		CAM	BR	1060	- /	1 d	_ ·

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

Cambridge Md.

Dorchester Mem. Park

22d. LOCATION (City, town, or county)

Cambridge

24a, REC'D BY REGISTRAR

DATE

JUN 4

(State)

Md

reduce

246. REGISTRAR'S SIGNATURE

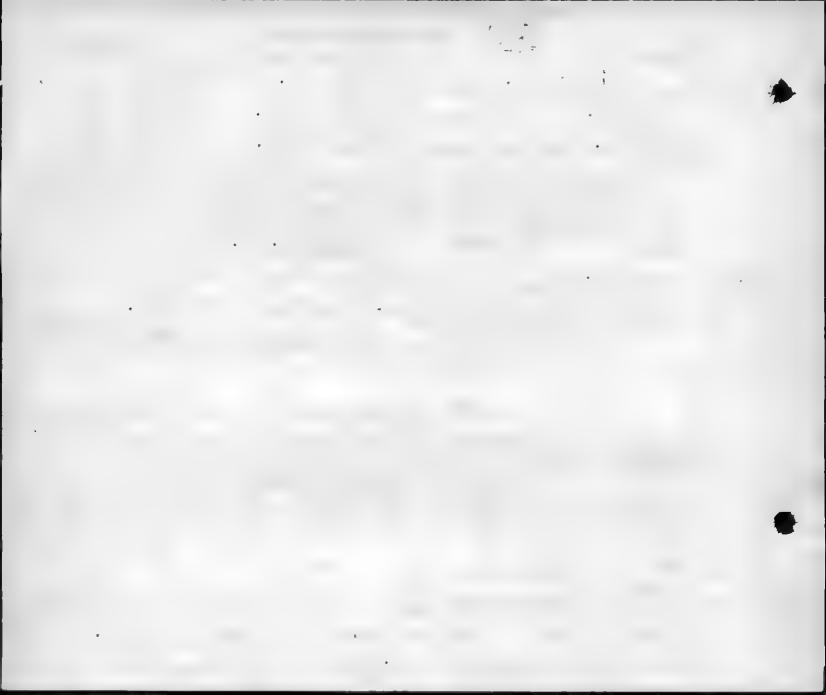
VS A15 (4) 15M 9/SS 220. BURIAL, CREMATION, REMOVAL (Specify) Burial

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

6/2/58

LeCompte Funeral Service



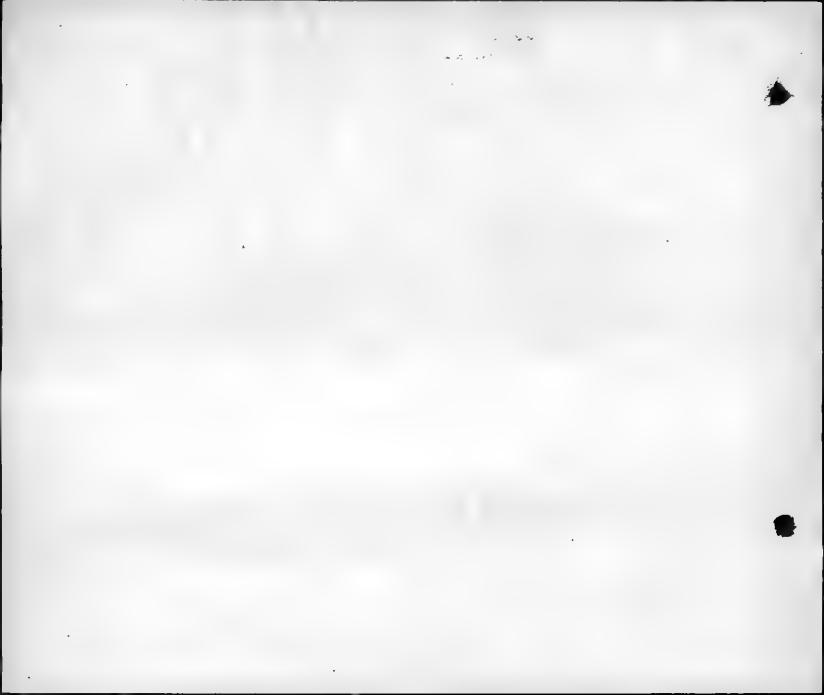
VS A15 (4) 15M 10/57

NARYLAND STATE DEPARTMENT	OF HEALTH-BALTIMORE, 1	i
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5640 CERTIFICATE OF DEATH

Reg. Dist. NO 5637

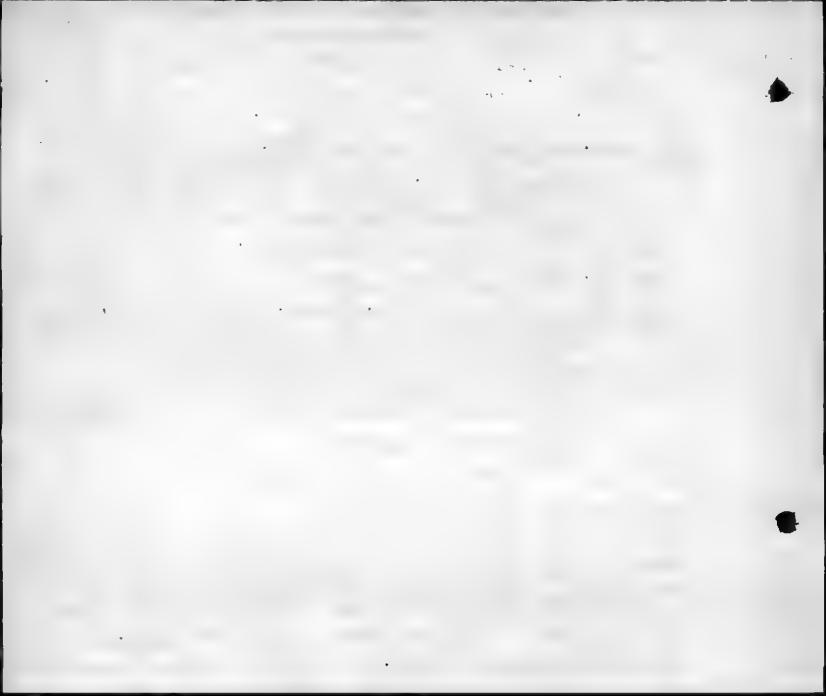
		<u> </u>					
1. PLACE OF DEATH a. COUNTY	rehester	MARYLAND	2 USUAL RESIDENCE (WHO o. STATE Maryla)	F COUNTY	an Residence before admission) Dorchester		
b. CITY OR TOWN (RURAL and give n	If autside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)				
	mbridge	6 years	// Cambrid	dge R.D.3			
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, give street	eddress)	d. STREET ADDRESS		e. IS RESIDENCE		
	Cambridge-Maryla	and Mospital	Rural		YES NOTE		
3. NAME OF DECEASED	First	Middle	Last	4. DATE Mon	oth Day Year		
(Type ar print)	Chester	Weller	Irwin	DEATH May 4	,1958 19		
5. \$EX	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	8. DATE OF SIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS		
Male	White wow	ED DIVORCED	June 14,1875	lost birthday) 82 yrs.	Manths Days Haurs Min.		
10a. USUAL OCCUPATION	ON (Give kind of work done 10b.	KIND OF BUSINESS OR IND		ar fareign country)	12 CITIZEN OF WHAT COUNTRY		
_auring most at war	king life, even if retired) ocomotive Engine		Cordelia		U.S.		
13. FATHER'S NAME	Over to Electric	JUL	14. MOTHER'S MAIDEN N		0.4894		
	William Irwin		Anna We	ller			
15. WAS DECEASED EVE	ER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Add	reis		
No	[III yes, give war or dates of service)	N	irs.Le vi James	Cambridge, Md.	R.D.3		
	ATH [Enler anly one cause per li	ne far (a), (b), and (c).)	0.11		INTERVAL BETWEEN ONSET AND DEATH		
PART I DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Carel	rel Hemor	Vivere	3 ALGUV		
X	DUE TO	0 (41 I				
Canditians, if a	an inkluk V	Carlon	Ante mad	1 1000	11)1,00		
gave rise ta i	immediate (D)	Lago Will	11100000	240.00	100/		
cause (a), stating lying cause last.					· ·		
	, , , , , , , , , , , , , , , , , , , ,						
САТІ		ONIRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	/EN IN PART 1(a) 19. WAS ALTOPSY PERFORMED? YES NO		
OR CONTRIBUTING	AS UNDERLYING (1) 20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in f	Part I ar Part II af item 18.)			
3 20c. TIME OF INJUS	RY Manth, Day, Year 20d. II	VJURY OCCURRED 20e. P	LACE OF INJURY IHame, form	, 20f (City or town)	(County) (State)		
20c. TIME OF INJUIT	19 While of war		actary, street, affice bldg., etc.	1			
		- E	1 .54	Ma (61)			
1	nat I attended the deceas		19.2 6 ta	may 4 1928	_that I last saw the decease		
alive an	may 4	구호, and that deat			and an the date stated abave		
	//	,	15/	NDDRESS (Street, city or town,	state) DATE SIGNE		
ACTUAL WIDOWATURE	farrence V	Langunor	MD. 150	race 14.]/J/[
PHYSICIAN'S NAME (Type)	Awrence :	Maryanov	Can	shridge	Md		
220. BURIAL, CREMATIC	N, 226. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d LOCATION (City/hown,	or county) (State)		
REMOVAL (Specify)	May 7,1958	Washington Ro	rough Cemeter	Washington B	orough Penna		
23 FUNERAL DIRECTOR	SIGNATURE D	ADDRESS		BY REGISTRAR 246, REGIS	STRAR'S SIGNATURE		
Duret	it. durus	Vombridge Ma		MAY 1 2 '5\$ ()	led equel		



VS A15 (4) 1SM 9/SS

			MARY	LAND	STATI	E DEPAR	TME	NT OF HEALT	H-BA	LTIMORE,	18		\ F 0	0()
				564	1	CERTIF	ICA	TE OF DEAT	Н		Reg.	Dist. No.)56	38
	1. PLACE OF a. COUNTY		chester Co			MARYLA	- 11	2. USUAL RESIDENCE (W o. STATE Maryla		ed lived. If instituti b. COUNTY		dence before		
	RURAL o	nd give n	If outside carporate lime earest town) e Md •	its, write		ih of stay in Jeeks	16	e. city or town (if /3 Cambridge		orote limits, write f	URAL or	nd give ned	rest low	n)
N. Salar	OR INST	ITUTION	Md. Hospital,		oddress)			d. STREET ADDRESS	St.				ON A	HO P
	3. NAME OF DECEASED (Type or pr	int)	William	rst		Middle H.		Jones	4. DATE OF DEAT	May May	nth .	Do	y 2.	Year 19 58
	s. sex Male		6. COLOR OR RACE White	7. MARE		EVER MARRIED DIVORCED [DATE OF BIRTH 9/6/73		9. AGE (in years lost birthdoy)	Manih	DER I YEAR Doys	Hours	ER 24 HRS. Min.
1	during me	CCUPATION OF WOR	king life, even if retired)	KIND OF		INDUST	11. BIRTHPLACE (Stot			12.	CITIZEN C		COUNTR
)	13. FATHER'S		m H. Jones					14. MOTHER'S MAIDEN An na He						
		ASED EVE	R IN U. S. ARMED FOI (If yes, give wor or dates of		SOCIAL SE	CURITY NO.		• William H			iress cidge	e Md.		
	P.A		ATH [Enter only one country one country was Caused By: IMMEDIATE CAUSE (country))	ne for (o),	(b), and (c).]	no	- Zhe	ad y	paner	cas	ONS		DEATH.
	gave r	se to i), stating	ny, which the under-											
0	САТІС	हा II. OT	Arturia			. /-	H BUT N	OT RELATED TO THE TERM	AINAL DISEA	SE CONDITION GIV	VEN IN P	PART I(o) 1	PERFC	AUTOPSY PRMED?
	OR CONT	RIBUTING , NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) MEDICAL EXAMINER					(Enter noture of injury in				County		(Stote)

factory, street, affice bldg., etc.) Hour a.m. While of wark Not while of work St, that I last saw the deceased 21. I certify that Lattended the deceased fro and that death occurred at 6 12M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) RACE ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) MARYANOV CAMBRIDGE. 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify)
Burial 24b REGISTNAR'S SIGNATURE Greenlawn Cemetery Cambridge **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR DATE MAY 1 9 158 LeCompte Funeral Service Cambridge Md.



05639 गावस्थान । । । IS RES DENCE ON A FARM? YES NO

Year

19 58

Day

18

Days

U.S.A.

(County)

Q.Anne

24b_REGISTRAR'S SIGNATURE

ASSISTANT MEDICAL EXAMINER

24g. REC'D BY REGISTRAR

MAY 2 0

22d. LOCATION (City, town, or county)

DEPUTY MEDICAL EXAMINER

DATE

INTERVAL BETWEEN DISSET AND DEATH

1 mo.

PERFORMED?

NO [

(State)

Md.

and find that

DATE SIGNED

(Slate)

DEPUTY 2 VS. ATSME(S) SM 9/55

EXAMINER'S

NAME (Type)

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

220 BURIAL, CREMATION, 225. DATE THEREOF

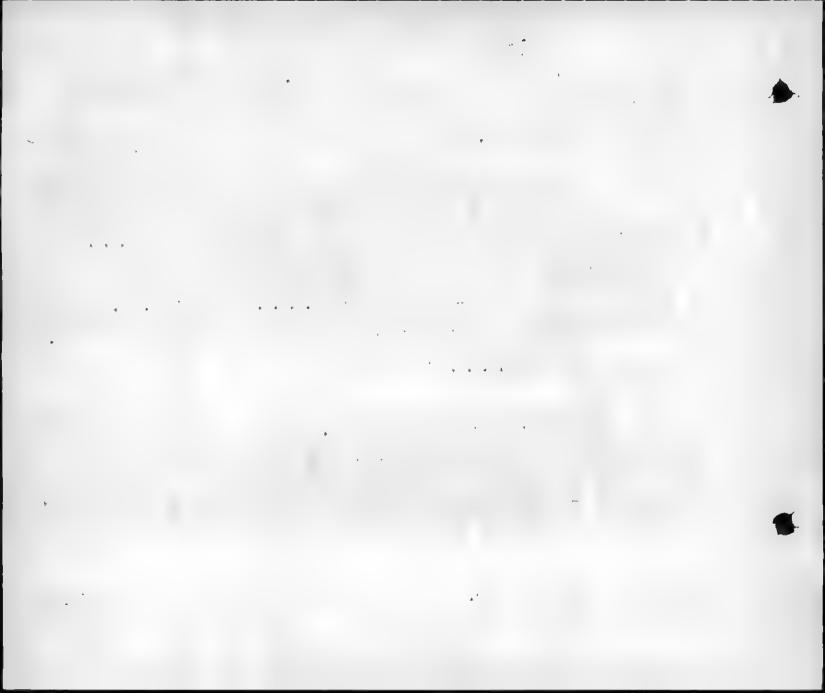
John

Mace Jr.

58

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS



Į.	F	0	R	S 1
ssary. Riedse	ector Toloa	A	J of Health, II	or its designated agent, prior to buriol, cremation, ar remayol, and in any event within 72 haws offer death.
ny delay is nece	the funeral dire	be retained for	the State Board	ter death.
ther death. If or	1, 2, and 3 to	. Page 5 may t	s 1 and 2 with	thin 72 hours of
thin 24 haurs at	8. Give Pages	with form P.M3.	nit. File pages	in any event wil
be executed wi	bencil in Item, 1	s Office alang	riol-transit peri	removal, and i
trificate should	"pending" in	ical Examiner	e wsed as a bu	cremation, ar
JNER: This cer	ng the word	he Chief Med	age 3 shauld be	rior to buriel,
MEDICAL EXAM	centificate,	e farwarded a	DIRECTOR: Pe	or its designated agent, prior to buriof, cremation, ar remayol, and in any event within 72 haur
TO DEPUTY A	execute the	4 should be	TO FUNERAL	or its desig

FOR	STAT	3		MARYLAND STATE DEPARTM MEDICAL EXAMINER 5643		•	Reg. Dist. No.	5640
HEALI	H DEI			PLACE OF DEATH C. COUNTY Dorchester Co. MARYLAN	PROL	b. COUNTY		_
ory. R	١.	1		c. CENGTH OF STAY IN 18 and give receipt town. 1. CITY OR TOWN (If outside corporals limits, write #J#AL c. LENGTH OF STAY IN 18 and give receipt town.) 2. mbridgeMd. RFD #3 1 Day		_	RURAL and give neo	
at directs differ yet	(20		n mbridgeMid. RFD #3 1 Day NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Cambridge RFD #3 Mid.	Baltimore Md, d. STREET ADDRESS 3807 Calloway Ave.			IS RESIDENCE ON A FARM? YES NO TO
delay i e funer retaine e Stote	r death.		Į.	NAME OF First Middle	Lost 4. DATE OF	Month	7	Yeor
If ony 3 to the may be with the	urs ofte		5. S		4 4	May AGE (In years ast birthday) 63 yes.		UNDER 24 HRS
death. 2. and 2 and 2 and age 5	n 72 ha		10o	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUstring most of working life, even if refired) Auto Repair Auto Repair			12. CITIZEN OF V	VHAT COUNTRY?
Pages 1, PM3. I	i with		13.	FATHER'S NAME Peter Lathroum	14. MOTHER'S MAIDEN NAME		T OSA	Milder
in 24 hau Give P Ith farm 1. File p	any ever		Ties,	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Fannie Sheibl MIORMANT Ars. Frank Lathroum	Address Baltimo	re Md.	
ed with tem, 18. slang w t permit	and in			18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) GOYORRY OCC	And the second s		INTERVAL ONSET A	stant
ocil in Office of	smavol,			420.1 DUE TO Conditions, if any, which) this				
ould be in per iner's a buric	ת. מר ה			gove rise to immediate couse (a), stating the underlying DUE TO couse lost.				
ficate sh pending at Exam weed as	rematio		CATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CO	NDITION GIVE		WAS AUTOPSY PERFORMED?
word "properties of Medical	uriol, c		CERTIF	206. EXTERNAL CAUSE WAS PRIMARY [] OF CONTRIBUTING [] CAUSE OP DEATH.	(Enter nature of injury in Port I or Port II of it	em 18.)		
NER: TI ng the he Chie je 3 sho	d of to b		MEDICAL	20c, TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. Pl Hour o. m. 20d. INJURY OCCURRED 20e. Pl fo hour of work 10 of work	ACE OF INJURY (Home, form, 20f (City or i clory, street, office bldg., etc.)	own)	(County)	(State)
S. Pog	ent, pr			21. I certify that I took charge of the remains described ob opinion death resulted from: Natural causes [X], Accident		ection [2],	Inquiry [],	ond in my
Certificat forward DIRECTO	nated ag	^		ACTUAL SIGNATURE Jalen January	M.D. CHIEF MEDICAL EXAMINER		D	ATE SIGNED

RT 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 🔯 (State) and in my monner DATE SIGNED ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) Dr. John Hace 220 BURIAL, CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Lauden Park Baltimore Md. 23 FUNERAL DIRECTOR'S SIGNATURE 246 REGISTRAR S SIGNATURE 240. REC'D BY REGISTRAR MAY 1 4 '58 LeCompte Funeral Service Cambridge Md. DATE

VS A15ME 5M 2 '57



5657 CERTIFICATE OF DEATH Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Dorchester **b.** COUNTY MARYLAND stuland WILDMICO b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN TH c. CITY OR JOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Cambridge rural d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCI 16 ON A FARM? Eastern Shore State Hospital YES KI NO F NAME OF Middle 4. DATE Month Yeor DECEASED (Type or print) DEATH P. AGE (In years last birthday) 5. SEX 6. COLOR OR RACE FUNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Months Doys Hours WIDOWED & DIVORCED F papers. 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S'NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. Eastern Shore State Hospital records 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: LINK IMMEDIATE CAUSE (o) 400.0 **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO catte (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO TO 200. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day. 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour o.m. Not while of work of work p. m. 124 3 L., 1958, that I last saw the deceased 21. I certify that I attended the deceased from The 11 1955, to 1 ____, and that death occurred at 7.501°M/ from the causes and on the date stated above. ADDRESS (Street, city or lown, state) ACTUAL SIGNATURE E.S.S. Hospital, Cambridge, Ad. should PHYMEJANY'S Thomas J. Dredge NAME (Type) FUNERA 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Charity Church Cem. R.D.# Salisbury. Maryland 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE HOLLOWAY & COMPANY SALISBURY MARYLAND DATE 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



FOR	STATE

HEALTH DEPT.

PLACE OF DEATH o. COUNTY b. CITY OR TOWN

Cambridge d NAME OF HOSPI Burto

3. NAME OF DECEASED (Type or print)

10a USUAL OCCUPAT during most of work Store Kee 13. FATHER'S NAME

Danel 15. WAS DECEASED E [Yes, no, or enknown) No

5. SEX Male

necessary, p if dimetor if for your R: This certificate should be executed within 24 hours after death. If any delay is necessary the ward "pending" in pencil in Itam, 18. Giva Roga, 1, 2, and 3 to the fowered diametor. Chief Mellical Examiner's Office along with form MA3. Roga 5 may be retained for your 3 should be exed as a burial-transit permit. File pages 1 and 2 with the State Board of ta burial, cremation, or remard, and in any event within 72 hours after death Page 3 recute the certificate should be farwarde FUNERAL DIRECTOR: P its designated agent,

2	E C	4	5	
VS	Α	15	ΜE	
5/	и 2	2 ' 5	57	

LACE OF DEATH	56	44-		Ţ,	USUAL RESIDENCE (Where decen	and Liver of Smatters	Reg. Di	
. COUNTY	Dorchester	Co.	MARYLA	- 11	o STATE Md.	Triera deced	b. COUNTY		hester Co.
CITY OR TOWN (I	outside corporate limits, write	RURAL	C. LENGTH OF STAY IN	1Ь	c CITY OR TOWN (I	f autside cor	porote limits, write I		The second of th
Cambridge	Md.		10 Yrs.		Cambridge	Md.			
NAME OF HOSPIT	AL OR INSTITUTION (IF	not in he	spital, give street address)		d STREET ADDRESS		1		e IURES DENTE
Burton	_Ave.				Burton	Ave.			YES NO
AME OF	First		Middle		Lost	4. DATE	Menth	13t	Doy Year
Type or print)	Aati			Mak	konen	DEATH	May	1111	11/11/11/19 58
EX	6. COLOR OR RACE	7 MARR	ED NEVER MARRIED	3 D	ATE OF BIRTH		9 AGE (In years lost birthday)	IF UNDER	YEAR IF UNDER 24 HPS
le	White	WIDOWI	DIVORCED	3	/17/82		76 ym.	Months [Days Hours Min.
	DN (Give kind of work ding life, even if retired)	one 10b	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Stote	or foreign	country)	12 CITIZ	ZEN OF WHAT COUNTRY?
*	er-Retired	Gr	ocery		Kangasmi	ami Fi	nland	US	Δ
FATHER'S NAME				1	. MOTHER'S MAIDEN		A EMPORATOR		**
Daneli	Makkonen				Malı	riina	Manninen		
WAS DECEASED EV			SOCIAL SECURITY NO.	17. INFO	RMANT	I Admirla de de 1977	Address		
Io	for hear Burn up, on bound or he			Mrs	. Aati Makl	konen	Burton	Ave.	Cambridge Md
18. CAUSE OF DEA	TH Enter only one cous	e per line	for (o), (b), and (c)]						INTERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY:	Mv	ocardial Inf	arct	ion				5 mins.
420.1	DUE TO								
Conditions, if o									
gove rise to immed (a), stating the	diste couse								
couse fost.	(c)								

COUIS FOIL	(c)	Miller trade of selection and	
PART II, OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)		
		PERFORMED	17
		YES NO	6
200 EXTERNAL CAUSE WAS	20b DESCRIBE HOW IN. URY OCCURRED (Enter nature of injury in Part 1 or Port II of item 18)		
	PART II. OTHER SIGNIFICANT CO	PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF THE PART III OF THE PART I	PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORMED TO THE TERMINAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CONTRIBUTION OF CONTRIBUTION OF C

20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, i 20f. (City or town) (State) (County) foctory, street, office bldg., atc.) Hour While Not while of work Total O. m. 19 p. m. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my

Accident [], Suicide . Homicide . Undetermined monner opinion death resulted from: Natural causes ...

ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE

ASSISTANT MEDICAL EXAMINER Eldridge H. Wolff. DEPUTY MEDICAL EXAMINER NAME (Type)

220 BURIAL, CREMATION 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify)

Cambridge Md.

Burial Crystal_Lake Gardner. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR LeCompte Funeral Service

Mass. 245 REGISTRAR'S SIGNATURE

DATE SIGNED

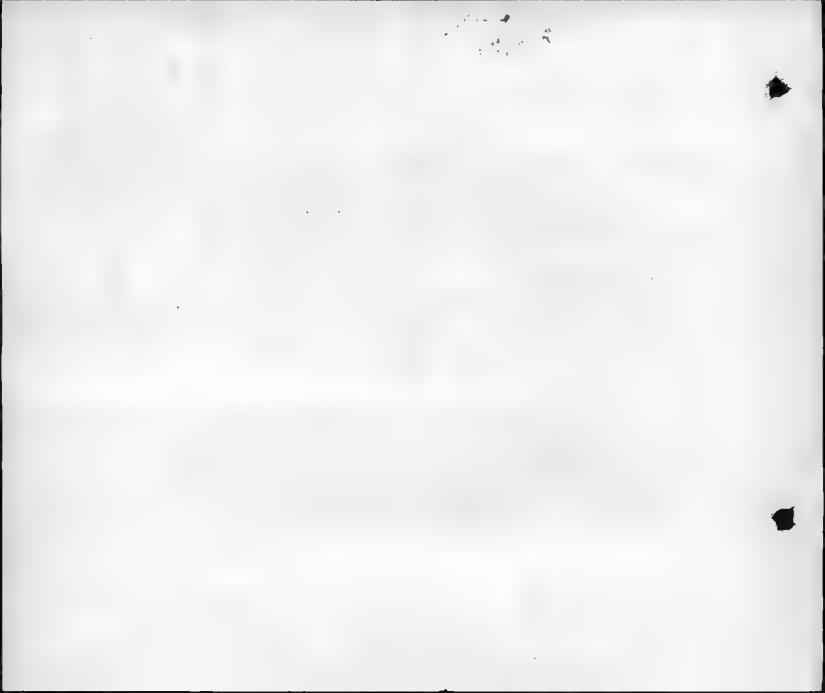
(Stote)



VS A15 (4) 15M 10/57 1

	· · ·	555	CERTI	FICA	ATE OF	DEATH			Reg. D		056	543
1	PLACE OF DEATH Dorchester		MAR	(LAND		Maryla		b. COUNTY	Doro	nce befor	re odmis	sion)
	b. CITY OR TOWN (If outside corporate limits RURAL and give nearest town) Hurlock	, write	12 years	IN 1b		TOWN (If or		rote limits, write R	JRAL and	give rted	rest town	n)
	d. NAME OF HOSPITAL (If not in hospital, gi OR INSTITUTION	ve street c	(ddress)		d. STREET	ADDRESS			ξη. Το .5			FARM?
	3. NAME OF FIRST SOLUTION IN THE SOLUTION IN T		Moddle Nelso		Milliga	n M	4. DATE OF DEATH	Mon M	h ay	6	у	Yeor 58
		WIDOWE	D DIVORCE		B. DATE OF BIRT Sept. 1	3, 190	00	9. AGE (In years lost birthday) 5 yrs.	Months	Doys	Hours	FR 24 HRS Min
L	100. USUAL OCCUPATION (Give kind of work d during most of working life, even if relied) House Painter and Sch 3. FATHER'S NAME	one 10b. 1	and of Business of Operation	OT INDUS	DOY	cneste	SI. OO.	, Md		TIZEN O		COUNTRY
	J. Frank Milligan 5. WAS DECEASED EVER IN U. S. ARMED FORCE	FC2 14 6	OCIAL SECURITY NO	12 0		ie Tay		Add				
	[Yes, no. or unknown] III yes, give war or dates of set	22	20-26-2028	M		stine	T. Mi	lligan,		ock,	Md.	
	18. CAUSE OF DEATH [Enter only one cau PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if only, which gove rise to immediate cause (a), staling the under- lying cause lost. (c)		Brown !	lize	d Co	excen	onc	tosis of right	itl	ONS	RVAL BE ET AND	
	PART II. OTHER SIGNIFICANT COND 200. ACCIDENT WAS UNDERLYING		ONTRIBUTING TO DE						EN IN PAI	RT 1(o) 1	PERFC	AUTOPSY PRMED?
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Monih, Day, Year Hour o. m. 19	20d. IN White of work	URY OCCURRED Not while of work	20e. PLA foc	ACE OF INJURY (story, street, office	(Hame, form, e bldg., etc.)	20f (City	or lawn)	((County)		(State)
	21. I certify that I attended the alive on way 5	decease , 12 S Nav	7	deoth	occurred ot	6:30A		the causes a reet, city ar town,	nd on t		e stote	deceosed ed above ATE SIGNES
2	720. BURIAL, CREMATION, 22b. DATE THEREOF		Mari	A P	CREMATORY	C	22d LOCAT	bride	(caunity)	Μ	d.	e)
2	REMOVAL (Specify) May 9,19 3. FUNERAL DIRECTOR'S SIGNATURE J.J. Framptom and Son,		Washington				HUT LC	RAR 246. REGIS	Land	GNATUR	`	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

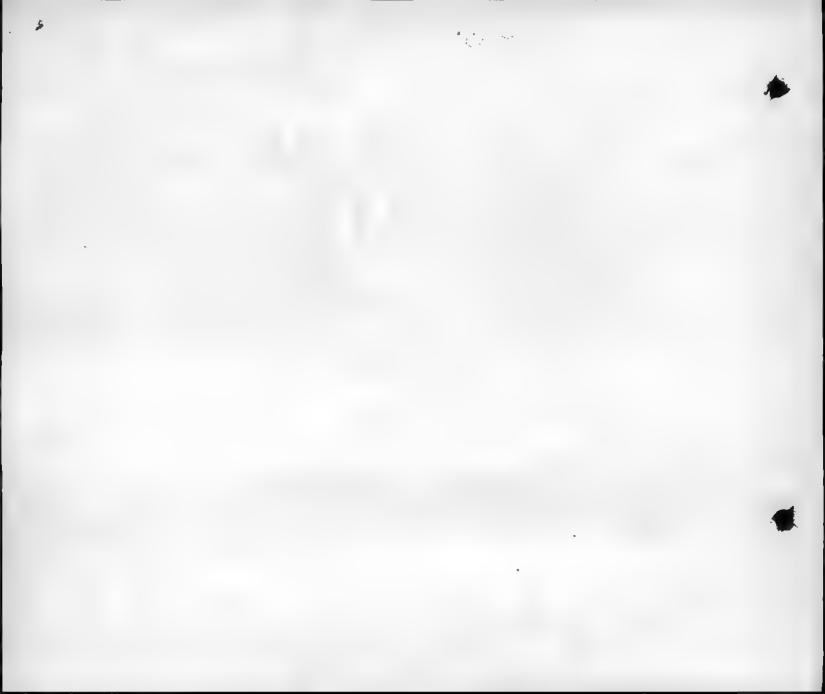


may be retained by the
TO FUNERAL DIRECTOR:
page 3 shauld be detach
the registrar prior to bur **VS A15 (4)** 15M 10/57

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		ï		6	,
ביוני ביוני ביוני ובל ימי וכל מו ביוני יווכי יווכי יווכי פסוון ביווויים ביוני ביוני ביוני ביוני ביוני ביוני ביוני יוני	*	the funer (rector,	ched for use as the burial-transit permit. Then please remave carban papers. Pages I and 2 shauld barried with	7	- 1
CIONE ET		letely filled in by	s. Pages 1 and 2		
וניתום המי מעבר ונים		this certificate has been signed by the attending physician and campletely filled in by the funer	ave carban paper	ours ofter death.	
THE COOL SELLE		the attending ph	Then please rem	urial, cremation, ar remayal, and in any event within 72 hours after death.	
201	ysician.	been signed by	I-transit permit.	ral, and in any e	
	e har all ar attending physician.	nis certificate has	use as the burial	matian, ar remay	
	S. C.	=	ched for	uriol, cre	

	5559 CERTIFIC	ATE OF DEATH Reg. Dist. No.	564
	1. PLACE OF DEATH o. COUNTY Dorchester MARYLAND		
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest lown) Rhodesdale - Rural Life	ARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a. STATE Maryland b. COUNTY Dorchester Proporte limits, write c. LENGTH OF STAY IN 1b Life C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rhodesdale — Rural A STREET ADDRESS TOWN (If outside corporate limits, write RURAL and give nearest town) Rhodesdale — Rural A STREET ADDRESS ON A FARMY VES D NO William Grason Murphy OR RACE T. MARRIED NEVER MARRIED S. DATE OF BIRTH WIDOWED DIVORCED April 20, 1875 DIVORCED April 20, 1875 PAGE (In years If UNDER 17 EAR IF UNDER 24 HIP	
)	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Vienna Road	Vienne Bood	N A FARM
		Murrohy Of Mey 24	Yeo 58
	Maria Unita	April 20, 1875 last-birthday) Months Doys Hou	
	during most at working life, even if refired)	MARRIED 8. DATE OF SIRTH 9 AGE (In years lef UNDER 1 YEAR IF UNIVORCED April 20, 1875 9 AGE (In years lef UNDER 1 YEAR IF UNIVORCED April 20, 1875 9 AGE (In years lef UNDER 1 YEAR IF UNIVORCED April 20, 1875 100 directly 12. CITIZEN OF WHAT IT 13. MOTHER'S MAIDEN NAME Mary Elizabeth Corkran Address	
	13. FATHER'S NAME William G. Murphy		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
	18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CIRCLE A	// // // // // // // // // // // // //	
	Candilions, if any, which gave rise to immediate (balletie Se	Pernais Sy	up
	tying couse lost. Column Column	he zin	a-15-
	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL	PER	

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Doy, 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) factory, street, affice bldg., etc.) Year 20d. INJURY OCCURRED (County) (State) Hour a.m. Not while at work at wark p. m. 21. I certify that I attended the deceased from 1945, that I last saw the deceased and that death occurred at 11 A. M, fram the causes and an the date stated above. DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22d LOCATION (City, town, or county)
Near Vienna, Maryland 22c NAME OF CEMETERY OR CREMATORY Reid's Grove Cemetery 220. BURIAL, CREMATION. May 27,1958 23. FUNERAL DIRECTOR'S SIGNATURE J.J. Framptom and Son, Federal Sourg, Maryland 24a. REC'D BY REGISTRAR 2/6 REGISTRAR'S SIGNATURE DATE JUN 2



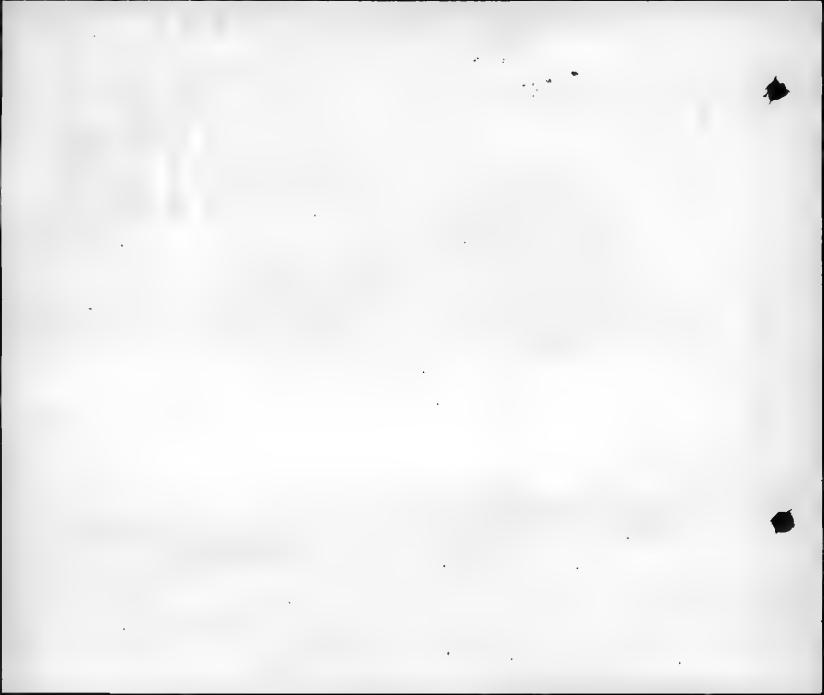
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5660 CERTIFICATE OF DEATH

				Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY Dorchester	MARYLANI		there deceased lived if institute land b. COUNTY	
b. CITY OR TOWN (If outside corporate limits, we RURAL and give regrest lawn) ural huriock—Tural	vrite c. LENGTH OF STAY IN 11		outside corporate limits, write R	URAL and give nearest lawn)
d. NAME OF HOSPITAL (If not in haspital, give OR INSTITUTION ELWOOD	street address)	/d. STREET ADDRESS ELWC	ood	e. IS RESIDENCE ON A FARM? YES NO 2
3. NAME OF First PECEASED (Type or print) Charlot		Overton	4. DATE Mon	10 Doy Yeo 58
Female Negro w	MARRIED NEVER MARRIED DOWED DIVORCED	June 27, 187		Months Days Hours Min.
10a. USJAL OCCUPATION (Give kind of work done during mast of working life, even if retired) HOUSOWORK	106. KIND OF BUSINESS OR IN	P .	e or foreign country) or Co., Md.	12. CITIZEN OF WHAT COUNTY
John Cornish		14. MOTHER'S MAIDEN Mary Cel		
S. WAS DECEASED EVER IN U. S. ARMED FORCES: [Yes, no. of unknown] [1] yes, give wor or dates of service	01	7. INFORMANT Emma Robinson	Hurlock, Mary	
Canditions, if any, which gave rise to immediate cause (a), stating the under-lying couse last.	Coronary Generalized	arteriord	Perosis	20 yr
OR CONTRIBUTING ELI CAUSE OF DEATH	ONS CONTRIBUTING TO DEATH B			YEN IN PART I(o) 19. WAS ACTOPS' PERFORMED? YES NO
Hour o.m.	20d. INJURY OCCURRED 20e While Not while at work of wark	PLACE OF INJURY (Home, for foctory, street, affice bldg., at	m, 20f (City or lawn)	(County) {State
21. I certify that I attended the de alive an may g		1941, 1941, 1221 11 accurred at 4:301		Athat I last saw the deceas and an the date stated about state) DATE SIGN
PHYSICIAN'S TO HAB. 120. BURIAL, CREMATION, 22b DATE THEREOF REMOVAL (Specify)	PLUMME 22c. NAME OF CEMETERY		Stow 22d LOCATION [CIT TOWN, of Near William	Md (State)
Burial May 17,195 3. funeral director's signature J. J. Framptom and Son		Maryland 240. REC	<u> </u>	STHAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death; Page 4 may be retained by the Page 1 or attending physician.

TO FUNERAL DIRECTOR: A this certificate has been signed by the attending physician and campletely filled in by the funer page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be red with the registrar prior to burial, crematian, ar remayal, and in any event within 72 haurs after death. VS A15 (4) 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH TATE DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admiss on) p. COUNTY b. COUNTY c. STATE Dorchester Co. MARYLAND Md. Dorchester Co. b. CITY OR TOWN (if outside corporate I mits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest lown Tafe Wingate Md. XWingate Md. d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE 00 YES NO Wingate Md. 3. NAME OF Middle Lost 4. DATE Month Year DECEASED DEATH [Type or print] 1958 Bronza M. Parks May 5. SEX 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE Ln years IF UNDER TYPAR IF LINDER 24 HRS last birthdays Months Hours Min. WIDOWED [7] DIVORCED Male White 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Boat Builder Toddville Md. Boat Building USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rosie Todd Robert Parks 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address I'm, no, or unknown! (If you give wer or dates of service) Mary Harding Cambridge Md. None 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] NTERVAL BETWEEN rain PART I, DEATH WAS CAUSED BY: Intracranial IMMEDIATE CAUSE (o) DUE TO Gursho+ wounds of br in. Conditions, if ony, which ! gove rise to immediate couse DUE TO (o), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORME D? NO YES KI 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20g. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING TO Was shot by pistol. 20d INJURY OCCURRED 20c PLACE OF INJURY (Hame, farm, 120f (City or fown) (County) (Stote) factory, street, office bldg., etc.) Not while While of work at work Boathcuse Jingate 21. I certify that I took charge of the remains described above, held an Autapsy [7], Inspection [7] Inquiry [7]. and in my opinion death resulted from: Natural causes . Accident ... Suicide . Homicide XI, Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER D

22c NAME OF CEMETERY OR CREMATORY

ADDRESS.

Cambridge Md.

Dorchester Mem. Park

22d LOCATION (City, town, or county)

Cambridge

24o. REC'D BY REGISTRAR

(Stote)

 Md_{\bullet}

246 REGISTRAR'S SIGNATURE

40 A15ME 5M 2 57

220. BUR AL, CREMATION | 226 DATE THEREOF

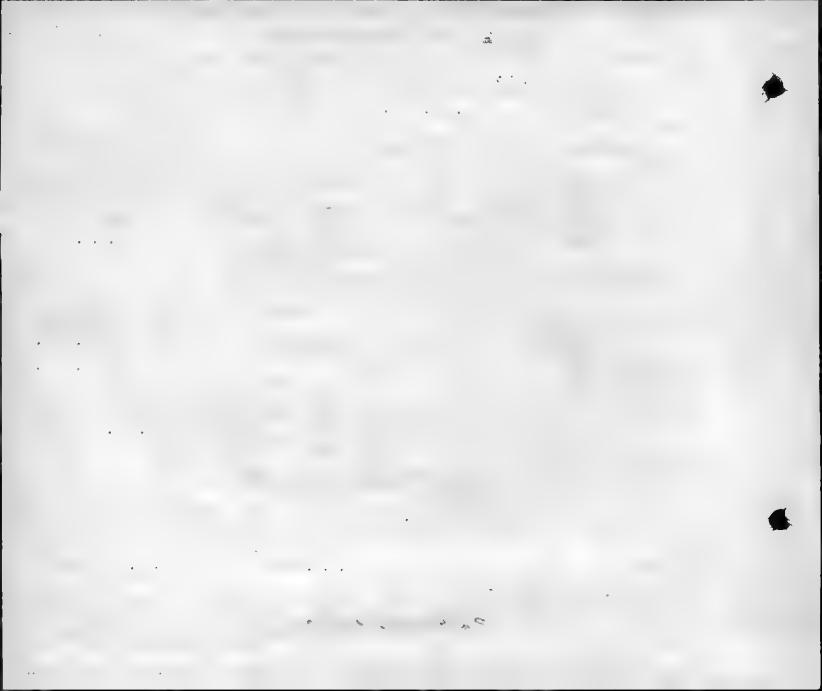
LeCompte Funeral Service

REMOVAL (Specify)

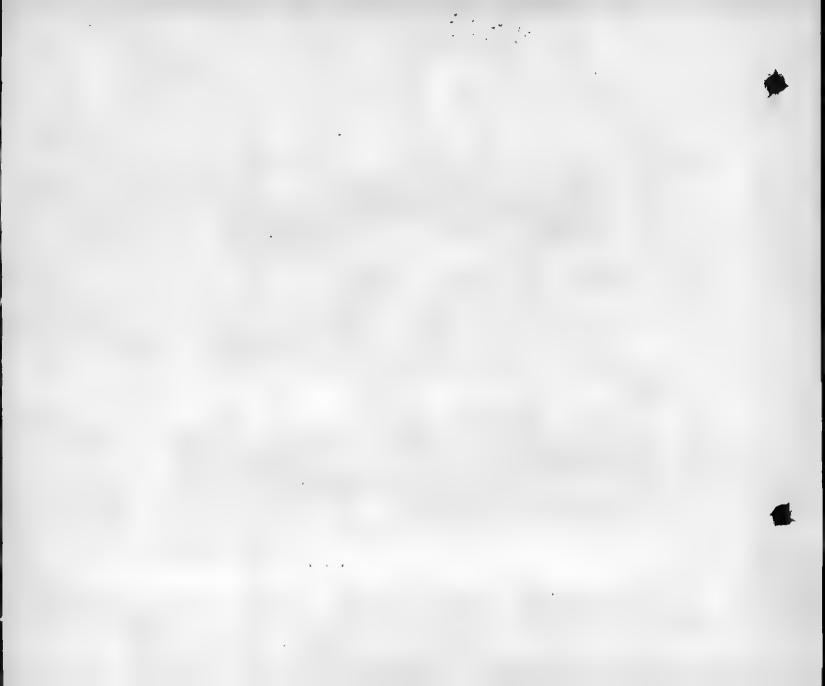
23 FUNERAL DIRECTOR'S SIGNATURE

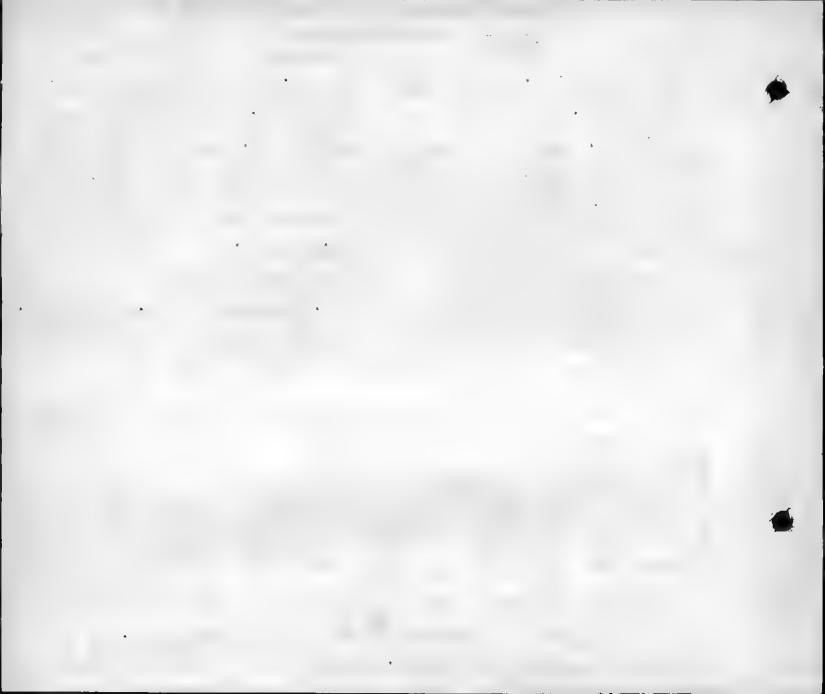


death.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18





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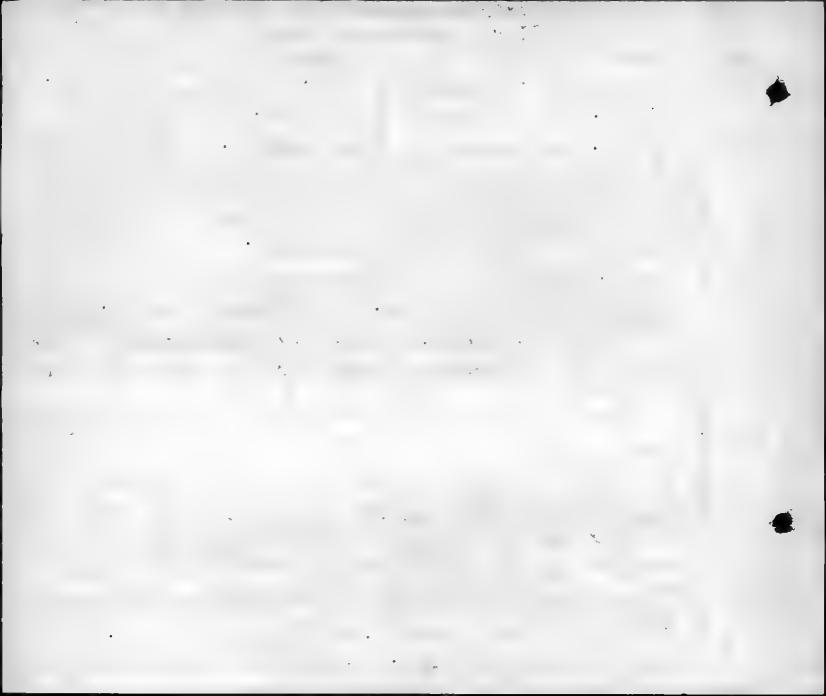
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5647 CERTIFICATE OF DEATH

()565()

			Keg. Dist. N	
1. PLACE OF DEATH o. COUNTY	II.	2. USUAL RESIDENCE (Where decease	ed lived. If institutions Residence be	fore admission)
Dorchester Co.	MARYLAND	Md.	Dorche	ster Co.
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp	orole limits, write RURAL and give r	learest town)
Cambridge Md.	6 Days	/2 Cambridge Md.		
d. NAME OF HOSPITAL (If not in hospital, give street a OR INSTITUTION	oddress)	d. STREET ADDRESS		e. ts RESIDENCE ON A FARM?
Cambridge Md. Hospital		110 Academy S	t.	YES NO K
3. NAME OF First DECEASED	Middle	Losi 4. DATE OF	Month	Day Year
(Type or print) Myrtle	Christopher	Taylor DEATH	May	16, 19 58
S. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED B	DATE OF BIRTH		AR IF UNDER 24 HRS.
Female White WIDOWE	D DIVORCED D	1/29/18	10 yrs. Months Day:	Hours Min
10o. USUAL OCCUPATION (Give kind of work done 10b. I during most of warking life, even if retired)	KIND OF BUSINESS OR INDUST	RY 11 BIRTHPLACE (State or fareign	country) 12. CITIZEN	OF WHAT COUNTRY
	None	Cambridge Md.	USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
John W. Christopher		Myrtl	e Cook	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S (Yes, no, or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17. IN	FORMANT	Address	
	None Mr.	Fleetwood Taylor	110 Academy St	•
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o) DUE TO	ONTRIBUTING TO DEATH BUT N	rosis of the	SE CONDITION GIVEN IN PART 1(0)	Set and Death 3 days 3 days
20c. TIME OF INJURY Month, Doy, Year 20d. IN Hour o. m. While		ory, street, office bldg., etc.)	y or lown) (Count	
21. I certify that I attended the decease alive on May 17 19. S ACTUAL SIGNATURE CLUBE IN SIGNATURE PHYSICIAN'S NAME (Type) Lewis M.		occurred at Dan A-M, fro	m the causes and an the distreet, city or lown, stotel	
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR		ATION (City, town, or county)	(Stole)
Burial 5/20/58 23. FUNERAL DIRECTOR'S SIGNATURE	Dorchester Mer	m. Park		TIRE
	Cambridge Md.	DATE MINV 2 /	0 / "	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 O FUNERAL DIRECTOR: This certificate has been signed by the attending physician and campletely filled in by the funt page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should the registrar prior to burial, crematian, ar removal, and in any event within \$2 hours after death. TO FUNERAL DIRECTOR: VS A1S [4] 15M 9/55



that the death certificate

attending

TO FUNERAL DIRECTOR

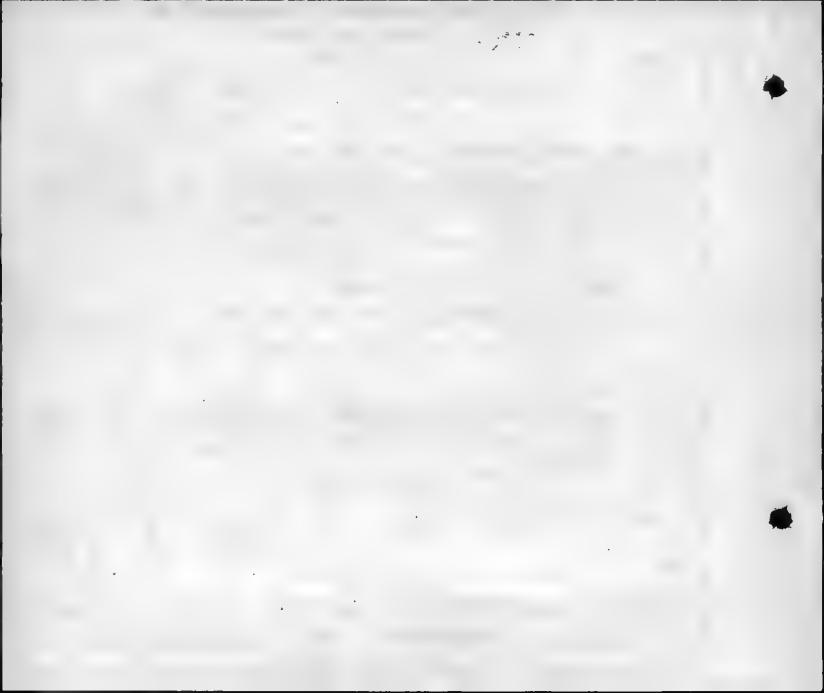


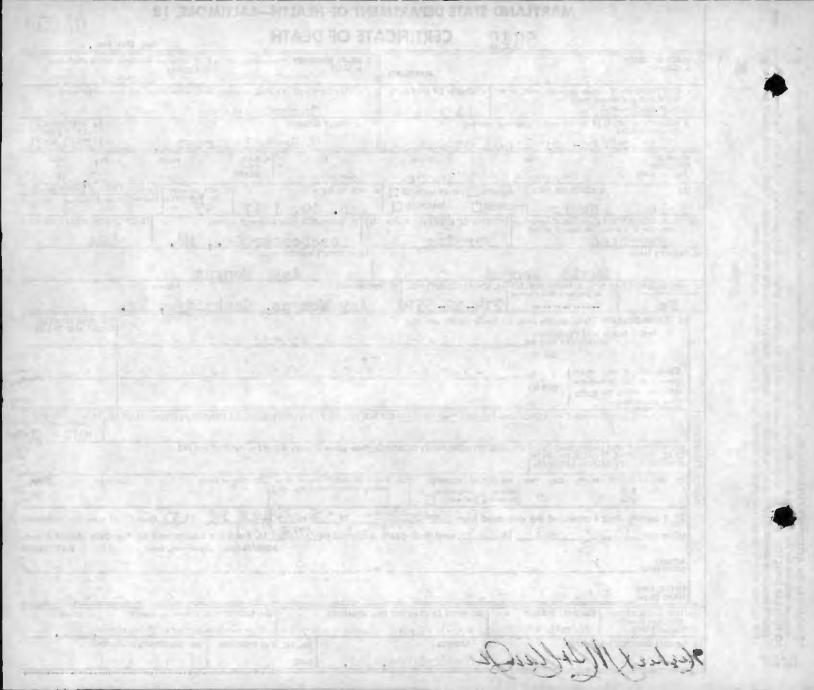
1 -		MARYLAND STATE DEPARTM	ENT OF HEALTH-BALTIM	ORE, 18 (15652
(M :	L	5654 CERTIFICA	ATE OF DEATH	{1 よりまる Reg. Dist. No.
d'rector led art	1.	PLACE OF DEATH O. COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE [Where deceased lived o STAT ALL ALL	If institutions Residence before admission) COUNTY
Į.		b. CLEACH TOWN (If purside corporate limits, write RUBA) and give nearest town)	c. CITY OR TOWN AN possible corporate lin	nils, write RURAL and give nearest town)
d 2 shou		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
- 0 - 0	3.	NAME OF DECEASED (Type or print) William Richard V	Wheatkell 4. DATE OF DEATH	Manth Doy Yeor 26 1955
papers. Pag	500	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8 DATE OF BIRTH 18 17 9. AG	E (laryours IF UNDER 1 YEAR IF UNDER 24 HRS. by Inday) yrs. Months Days Hours Min.
I deo h	100	JUSUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRIBUTION OF BUSINESS OR	STRY 11. BIRTHPACE (State or fareign country) Matylian	12. CHUZEN OF WHAT COUSTRYS
8 8	13.	martin Theatley	14. MOZMER'S MAIDEN NAME	oct 1
72 hours	15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 12-16, no or unknown) [If yes, give wor or dates of service]	nformant les manth les	they Survey Me
within		18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and [c]] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Basil Rell (A)	reinim left side.	Pare INTERVAL BETWEEN ONSET AND DEATH
if. ine		191.3 DUE TO E Gerewall Conditions, if any, which) by generalize	metertion tol	It was
יי סיי		gove rise to immediate cause (a), stating the <u>under</u> DUE TO lying couse last (c)		
0	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO [2]
. o		206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Part I or Part II of i	tem 18.)
E 010	MEDICAL	20c TIME OF INJURY Manth, Day, Year 20d, INJURY OCCURRED 20e. PL Hour o. m. While Not while of work of work	ACE OF INJURY (Hame, farm, 20f. (City or tow story, street, affice bldg , etc.)	vn) (County) (Stale)
5		21. I certify that I attended the deceased from 11/21 alive on 5/5/25 19-5, and that death	, 19 5 7, to 5 / 2 5	., 1920, that I last saw the deceased causes and an the date stated above.
5		SIGNATURE Jone, BRunn	ADDRESS (Street, ci	
rtor br		PHYSICIAN'S DR. H.B. PLUMMER		
the registrar pr	220	REMOVAL ISPECIAL STATE THEREOF 22 NAME OF CEMETERY OF REMOVAL ISPECIAL STATE OF CEMETERY OF COMMENTS OF CEMETERY OF	R CREMATORY AND LOCATION TO	City, lown, accounty) (State)
4) S	23.	FUNERAL DIRECTOR'S SIGNATURE I I I I DAG ADDRESS THE	Market Marco BY REGISTRAR 158	246. REGISTRAR'S SIGNATURE
o P weeks				



_		-		5549	CERTIFIC	ATE OF DEATH		Reg. Dist. No.	5653
			LACE OF DEATH	ί	MARYLAND	2. USUAL RESIDENCE (Where a STATE	deceased lived. If institution b. COUNTY	n: Residence before od	
			CITY OR TOWN (If autside corpora RURAL and give nearest Jown)	te limits, write c.	LENGTH OF STAY IN 16	c. CITY OR TOWN (If autsi	de carporate limits, write Ri	JRAL and give nearest 1	own)
	11	8	OR INSTITUTION	State	405p -	d. STREET ADDVESS		e. 15 OI YES	RESIDENCE N A FARM? NO
			NAME OF DECEASED Type or print)	First Ja	Middle (IRCL'OU)	Lost 4.	DATE Mon	24	Year 195f
		5. 5	14. J. J	WIDOWED (11-2-184	9. AGE (In years last birthday) yrs.	Manths Days Ho	irs Min.
,			. USUAL OCCUPATION (Give kind of during most of working life, even if	work done 10b KIN retired)	DOF BUSINESS OR IND	11,5,7	1. Le sur	12. CITIZEN OF WI	HAT COUNTRY?
irs arrer aearn	I	L	FATHERS NAME Rhodes	X1/1/30	CD	HANGE MAIDEN NAM	E, Con	OVXHY	, =-
1 /2 naurs		1S.	WAS DECEASED EVER IN U. S. ARME	D FORCES? 16. SOC of services 2.2	CIAL SECURITY NO. 17.	INFORMANT	Adde	ess	
ıt within			18. CAUSE OF DEATH Enter only PART 1. DEATH WAS CAUSE IMMEDIATE CA	/	or (o), (b), and (c).	ing a wality	se cuto	INTERVAL ONSET A	BETWEEN ND DEATH
ny even			Conditions, if ony, which	(b) Gen	wal. C	Esterio - se	inaci		
ט עו סענ			gaye rise to immediate cosse (a), stating the <u>under-lying couse last.</u>	(c)	Enis B	700 1/2 SU116	Arroug	*	
TOAD!	0	CATION				JT NOT RELATED TO THE TERMINA		EN IN PART I(a) 19. W PE YES	RFORMED?.
		L CERTIF	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAM	DEATH INER)	11:11112	RED. (Enter nature of injury in Part			
		MEDICA	20c. TIME OF INJURY Month, Do Hour a. m. p. m.	While	Not while at warks	PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.)	20f. (Cily or tawn)	(County)	(Stote)
ערוסו, כו			21. I certify that I attende	d the deceased		1908, ta 51		athat I last saw t	
5	1		ACTUAL SIGNATURE	11 1.1	1-12/1	_M.D	DRESS (Street, cîly or town,	state)	DATE SIGNED
strat pr			PHYSICIAN'S FAY	lin/J	WA:		-		
		1	BURIAL, CREMATION, 22b. DATE A	THEREOF 2	2c. HATHE OF CEMETERY	ler Chapich 1	d. LOCATION (City, 1994), o	ref Wels	Syste) ELECALL
		22	ELIVERAL DIRECTOR'S SIGNATURE	awon	Luciel	DATE MAY	y registrar ' 2 8 '58 24b regis	TRAR'S SIGNATURE	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18





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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5685	CERTIFICATE	OF	DEATH

Reg. Dist. No. (15655

o. COUNTY DO1	rchester	MARYLAND	2. USUAL RESIDENCE (W o. STATE Marylan	here decease	d lived. If instituti b. COUNTY		nce before			
RURAL and give	(If autside corparate limits, wri nearest lawn) IPEWS	50 years	c. CITY OR TOWN (IF	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Andrews						
OR INSTITUTION	PITAL (If not in hospilol, give str N 178]	eef oddress)	d. STREET ADDRESS Rural					IS RESIDENCE ON A FARM? YES NO		
NAME OF DECEASED (Type or print)	First Mamie	Middle Adams	Wroten	4. DATE OF DEATH	May 9,1		Day	Yeor		
Female .	W 1998	ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH March 25,187	7	9. AGE (In years last birthday) 81. yrs.			UNDER 24 HRS.		
Homemak	prking tire, even it retired	06. KIND OF BUSINESS OR INC		or foreign c	ountry)	12. CI		WHAT COUNTR		
FATHER'S NAME			14. MOTHER'S MAIDEN I	NAME						
	George Adams		Adeline	Murph	y					
NAS DECEASED E	VER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		. Milson Wroten,	Andrew	s,Md.	ress				
Conditions, if gove rise to couse (o), stotin lying couse los	g the under-	AS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	VEN IN PAI	RT 1(0) 19.	WAS AUTOPSY PERFORMED?		
PART II. O	VAS UNDERLYING 20b. I	DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Part I or Par	I II of item 18.)			ES NO P		
OR CONTRIBUTION (IF ETIMER, NOTIF 20c, TIME OF INJU-	JRY Month, Day, Year 200	t. INJURY OCCURRED 20e. tile Not while work of work	PLACE OF INJURY (Hame, form factory, street, office bldg., etc	20f. (City	or town)	(County	(Stote)		
21. I certify alive an	ALFRED R	eased fram 3/14 255, and that dea manyanov 2. MARYAI	м.в. 136		n the causes of reel, city or lown,	ind an t		the decease stated abov DATE SIGN		
BURIAL CREMATE REMOVAL (Specif BUTIBI	" May 12,1958	22c. NAME OF CEMETERY Wroten Fam:			ION (City, town, or	or county)		(State)		
SULLE DIRECTO	etu R. L	Tudo, Cambi	ridge, Md. 240. REC	MAY 1 3	158 246 REGIS	STRAK'S SI	GNATURE			

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